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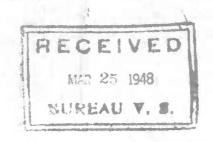
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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 93d

City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
4. Set 5. Colof or race 6.(a) Single, married, widowed, or avorced  Female White Widowed  6.(b) Name of husband or wife. Lebasles 8.	MEDICAL CERTIFICATION  20. DATE OF DEATH. March 22 19 48 at 1:00 P. N  21. I CERTIFY that death occurred on the date above stated; that I altended deceased from march 1 19 47 10 March 22 19 49
7. Birth date of Years	and that I last saw h la alive on March 22 19 48
8. AGE: Years Months Bays If less than one day  79 hrs. min.  9. Birthplace	Due to Assert Cleratic heart  OURATION  OURATI
11. Industry or business	Due to Kleneral arlenoschlussis  Other conditions
13. Birthplace Washington D. b.	(Include pregnancy within 3 months of death)
14. Maiden name Ellen Associate Sparrow  15. Birthplace Washington W. 6.  16. Informant Mary Schnidt	Major fiedings of operations
Address 30 - addison of d - Star of d - St	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide
Commetery or crematory Alama Hara	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?
Address 131-11 St. S.E. Wash . 1014.	22 SIGNATURE CO. Suit Paletu
19. mar. 12 19.448 Carrie F. Cambellell (Date rec'd by registrar)	6906 Ruletus Pa SE M. D. or other 3/22/48



MAR 16 1948

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

181

02992

## CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLAGA OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county truck yearges	(For newborn infants give residence of mother)
Cily or lown	State County County
How long in above place of death? 6 A day	(If outside city or town limits, write RURAL and give nearest town)
Hopetta, institution, or street address where death occurred:	1 Street No. 4631-4220 Place
Truck Leones Jeneral Horpel	(If rural, give LOCATION)
How long to hospital or institution? 6 9 des	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
alle de Ciyou	3. (b) Social Security Humber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
Female white many	January 29 48 9-6
Samuel a ayork	20. DATE OF DEATH
6.(0) Name of husband of auto	19, 10
7. Birth date of deceased (mo., day, yr.)  24 23, 1907	and that I last saw halive on
deceased (mo., day, yr.)	Immediate, sause of deaths
8. AGE: Years Months Days If less than one day	Shock
40mia.	
9. Birthplace Ouguin	Que to I manufact second and
(Tewn, county, and state)	thing dence here ? bod
10. Usual occupation. Warrers	and extremetra
11. Industry or business	
E 12. Name Corper	Other conditions be a during anses there
12. Name	
14. Maiden name Llora sandushie	(Include pregnancy within 3 months of death)
6	Major fiediogs of operations.
≥ 15. Birthplace	Date of op.
16, informant	Autopsy results
Address - Hyallerille mil	
Surial Date thereof apr 1, 1948,	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Whera did injury occur? (City or town) (County) (State)
location Westington all	Injured at home farm, industry, public place (where?)
L Beach Sons	Mans of Injury Caught fire while smoken at work?
18. Funeral director	Caputy medical yours
Address Affairentes 4	23. SiGNA B. Or or other
1, aprel 1,48 amanda Woone	7 112 110 110 110 110 110 110 110
(Date rec'd by registrar) Registrar	Address Date signed Date signed



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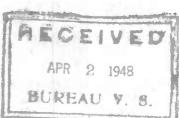
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MARYLAND STATE DEPARTMENT OF HEALTH						
	MADVIAND	STATE	DEDADTMENT	OF	HEA	ITH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County  City or town (If outside stry or town limits, write RURAL and give nearest town)  How long in above place of dealh? (Hospital, institution, or street address when death occurred:  Solvent (If outside stry or town limits, write RURAL and give nearest town)  How long in above place of dealh? (Hospital, institution, or street address when death occurred:  Solvent (If outside stry or town limits, write RURAL and give nearest town)  How long in above place of dealh? (Hospital, institution, or street address when death occurred:  Solvent (If outside stry or town limits, write RURAL and give nearest town)  How long in above place of dealh? (Hospital, institution, or street address when death occurred:  Solvent (If outside stry or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State.  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex 5. Cotor or race 6.(a) Single, married, widowed, or divorced  Nele Celced Married  8.(b) Name of husband or wife Assace. Baskervelle.  8.(c) If alive, give age. 3. 9. years	20. DATE DF DEATH.  21. I CERTIFY that death occurred on the date above stated; that t attended deceased from  19
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days if less than one day hrs. min.  9. Birthplace Town, county, and state)  10. Usual occupation.	Immediata cause of death  Dunation  Due to.  Due to.
12. Name	Other conditions
Address D G D Date thereof Mal 31 1948  17. Roma Jal 1948  (Burial, eremation, or removal, Which?)  Cemetery or crematory  Location C D D D D D D D D D D D D D D D D D D	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

RIAC

. (	The conget ge
	nformation carefully.
IRGIN RESERVED FOR BINDING	WITH UNFADING INK. Supply every item of information important. Physicians: please write the causes of death cl
MARGIN RESE	I UNFADING INK.
I	WITH impo

PLAINLY, v is especially

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	es St., Baltimore
CERTIFICAT	TE OF DEATH Reg. Di
1. PLACE OF DEATH:  County Place Leorges  City or town Lever Ly	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
City or town	City or town (If outside city or yown limits, write RURAL Street No. 3 DOS (If rural, give LOCATION)
How long in hospital or institution?	2.(a) it veteran, name war
3. (a) FULL NAME Beckwith, Mr Fuge	3. (b) Socia
4. Sex  The state of the state	MEDICAL CERTIFICAT
6.(6) Name of husband or wife mystle may Beckentl	21. I CERTIFY that death occurred on the date above stated; that I s
7. Birth date of deceased (mo., day. yr.)  8. AGE: Years Months Days tt less than one day  7. Birth date of deceased (mo., day. yr.)  8. AGE: Years Months Days tt less than one day  7. Birth date of deceased (mo., day. yr.)  8. AGE: Months Days tt less than one day  7. Birth date of deceased (mo., day. yr.)  8. AGE: Months Days tt less than one day  7. Birth date of deceased (mo., day. yr.)	Immediate cause of death
9. Birthplace (Town, county and state)  10. Usual occupation.	Due to
11. Industry or business  12. Name Berfarin Beckurtt  13. Birthplace Columnete MA	Other conditions Optamy elitis, it. hip
14. Maiden name mary Ellyn Welliams 15. Birthplace	(Include pregnancy within 8 months of death)  Major findings of operations
16. Informant Son - Hay Lord Beeker. The Address 3808 Oliver - Hay Hayilk Md	Antopsy results
17. Burial (Burial, cremation, or removal Which?)  Cemetery or crematory.  Date thereof. 3/5/48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the foil  Accident, suicide, or homicide
Location Washington 4.6,  18. Funeral director & Lasche some	Injured at home, tarm, industry, public place (where?)
Address Styatterille Ma! - 19. 3/3 1948 amanda Downey	23. SIGNATURE Twi Us. Grang
(Date rec's by registrar) Registrar	Address III lames 100

	give LOCATION)	
2.(a) it veteran, name war		
e	3. (b) Social Security	Number
MEDICAL	CERTIFICATION	15-1
20. DATE OF DEATH 3 mac	L 19 48 18	1 5/an
21. I CERTIFY that death occurred on the da		
	19 to	19
and that I last saw halive on		19
Immediate cause of death full one	ng Tuberenenis	DURATION UNK MAN
······································	••••••	***************************************
Due to	***************************************	*************************
	•••••••••••••••••••••••••••••••••••••••	**********************
)ue to	••••••	
Other conditions Opterwyelit	is, et Exp	aucuson
(Include pregnancy with	in 3 months of death)	
Major findings of operations	•••••	
	Date of op	
Antopsy results		statistically.
22. VIOLENCE: If death was due to extern	al causes, tili in the following;	
Accident, suicide, or homicide	Date of	*******************************
Where did injury occur?(City or to	wn) (County)	(State)
njured at home, tarm, industry, public plac	e (where?)	
Means of injury	Injured at work?	
Twill.	Frangreen	(u)
Dal Rai	M. D. o	Sother J.
Address // / / acres	, / MC Date signed	

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## MARYLAND STATE DEPARTMENT OF HEALTH

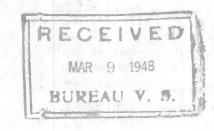
2411 N. Charles St., Baltimore

02995

## CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

County FIINCE GEOISES	(For rewinding inversionless of mother)
Cheverly	State Maryland County Pr. Sec.
(If outside city or town limits, write RURAL and g	rive nearest town) Mt. Rainier
How long in above place of death? 13 yrs.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	4109-30th Street
Prince Georges General Hos	pital (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	F. Bittner
4. Sex   5. Color or race   6.(a) Single, married, wide	
Female White Widowed	20. DATE OF DEATH. 3 - 5 19 48 at 9 8
6.(b) Name of husband or wife Louis H. Bittn	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
9.(0) Maille of husballe of who	2.26 19 48 10 3 - 5 19 48
T. Birth date of	and that I last saw h 22 alive on 3 - 4 19 48
deceased (mo., day, yr.) March 6, 1877	Immediate cause of death Common DURATION
8. AGE: Years Months Days It less tha	in one day
70 91 11 28	
	Due to Picket Weekles 5+ 442
9. Birthplace Pittsburgh Paa (Town, county, and state)	Due to Percheter Well 5+ 440
1D. Usual occupation Housewife	
1D. Usual occupation	Due to
tt, Industry or business	
12. Name William Woter	Diher conditions
13. Birthplace Unknown	
	(Include pregnancy within 8 months of death)
Tr. maidell flame	Major findings of operations
15. Birthplace Unknown	Date of op.
16. Informant Grace F. Daggs	
Address 4109-30th St. Mt. Ra	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17. Transportation (Burial, creminion, or removal, Which?)  Date thereot Mar. (mon	
Cemetery or crematory. McKee Rock, Pa.	Whera did injury occur?
Location	Injured at home farm, Industry, public place (where?)
	Means of injury Injured at work?
18. Funeral director Um. J. Malley.	
Address 3200-R. IV Ave. Mt. Ra.	inier, Md. //Brussey la N
	22 SIGNATING
19. 3/6 1948 Umanda	Address M. Kainin Luch. Date signed 3-5.48
(Date red d by registrar)	registrar    Address



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02996

#### CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:  County	City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME  Comes Richard  4. Sex   5. Color or race   6. (a) Single, married, wildowed, or divorced	3. (b) Social Security Number  MEDICAL CERTIFICATION
male white midaged	20. DATE OF DEATH 900 Ch 16 19 48 31 9 30 4 M
6.(b) Namo of husband or wife 6.(c) If silve give age years 7. Birth dafa of	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION  Control of March DURATION
3. Birthplace	Due to
11. Industry or bupfless  12. Name of the P. Bright  13. Girthgrace Jime Orim Sel Co. Mad.	Other conditions
14. Malden name Mary Enforces  15. Birthplace astern Ander Mary	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Mig. Assimul Stall	Autopsy results
Address  17. Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Infur Manual Total	Where did injury occur?
18. Funeral director The Market Statement Comments of the Comment	Means of Injury Injured at work?
18 (Date rec'd by registrar)  18 Registrar	Address Upper MANUTY Models signed 12 MANUTY

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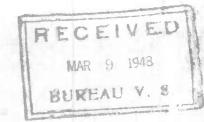
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ll age shown on:	EPARTMENT OF HEALTH  lea St., Baltimore 97  TE OF DEATH  Reg. Diat. No. 23/
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland. County Prince Georges  City or town Hyattsville (If outside city or town limits, write RURAL and give nearest town)
3. (a) FULL NAME	3. (b) Social Security Number
Hannah Brady	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH March 5 1948 10; 55A.
8.(b) Name of husband or wife William L Brady  6.(c) If allve, give age years  7. Birth date of deceased (mo., day, yr.) April 21, 1873  8. AGE: Years Months Days it loss than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19 10 to 3 19 18  and that I last saw home alive on 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birlhplace Maryland (Town, county, and atate)	Due 10.
10. Usual occupation. Housewife	Page 1
11, Industry or business	000 10
Andrew J Leakin    12 Name   Andrew J Leakin     3 Birthplace   Baltimore   Maryland	Other conditions
	(Include pregnancy within 3 months of death)
14. Maidon name Agnes Brown 15. Birthelace Alton Illinois	Ti de la constantina
S   15. Birthplace   Alton Illinois	Major findings of operations
16. Informant Hospital Records	Antopsy results.
Addross Cheverly Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Bate thereof March 8. 1948 (Burial eremation, or removal. Which?)  Cometery or consider Ft. Lincoln followard  Jacation Washington D. C. Manor	22. VIOLENCE: If doath was due to external causes, fill in the following;  Accident, suicide, or homicide
18 Funoral director F. Gasch's Sons	Moans of Injury Injured at work?
Address Hyattsville Maryland.	23. SIGNATURE OF ORT Lear A.
19 Mar 7 19 48 amanda horon (Date rec'd by registrar) Registrar	M. D. or other



PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

god

02999

Reg. Diat. No. 232

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
County Pr. George	D. G. C.	
Cily or town (If outside city or town limits, write RURAL and give nearest town)	D:+.L.:	
How long in above place of death? 12 Years	(if outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No. 6701 White house Road	
6701 Whitehouse Road	(If rural, give LOCATION)	
How long in hospifal or Institution?	2.(a) if veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
John Washrington	1 Brady	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Widowed	20. DATE OF DEATH March 3 19 48 21 8:10 H M	
6.(b) Name of March Wife Sarah Brady	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	Jan 2 1946 10 March 3 19 1948	
7. Birth date of	and that I last eaw h. 1 M. alive on Mariek 2 19 11 17 18	
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Immediair cause of death OURATION	
87 7 2-0hrsmin.	Congestive Heart Failure 24 noors	
9. Birthplace Rilchie Pr. Goolo. Maryland (Town, county, and state)	Queto arterio schlorotie heart 15 Years	
9. Birthplace (Town, county, and state)	assess	
10. Usual occupation Relived Tobacco Farmer Que to Generalized arterioscilerosis		
11. industry or business		
12. Name Grover Brady  13. Birthplace Maryland	Other conditions	
Z 13. Birthplace Maryland	(Include pregnancy within 3 months of death)	
	Major findings of operations	
16. Informant My Tarermah J. Brady  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistics.		
Address 6701 Whitehouse Ra S.P. Wash 19 De.	22. VIOLENCE: if death was due to external causes, till in the following:	
17 Bulial Date thereof 3-6-48		
(Burial, cremation, or removal. Which?)  Uate thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory 5 7 11/1/1/11/11	Where did injury occur?	
Location Friestrike / /// d	Injured at home, farm, industry, public place (where?)	
12/1/ /gect.11 -	Means of injury injured at work?	
18. Funeral director	WI O I O IT	
Address Thuf Markon 1100-	23. SIGNATURE W. Suit Valchie MQ	
10 hack 4 10 HR Jank	M. D. or other	
(Date rec'd by registrar)	Address Date signed March 31948	

MAR 5 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

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Dan	Dist	N.	265

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. County Clare County or town limits, write ROLL and give nearest town)	State County County
How long in above place of death?	City or town
Hospitat, institution, or street address where death occurred:	
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veterao, name war
3. (a) FULL NAME	3. (b) Social Security Number
Juana Brin	cherhold.
4. Sex 5. 5. 5. 5. 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Servele White Widowed.	20. DATE OF DEATH 3/13 1948 21 / 0 M
May 200.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	12-12 1947 10 3/13 1948
	2 // 2 /
7. Birth date of deceased (mo., day, yr.)	and that I last saw h.C
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death. DURATION
o. Adu.	Qarten allate bear
9/.    hrs,min.	veid men disease
9. Birthplace Cuba.	Due/o.
9. Birthplace (Town, county, and state)	transmed Hela-nail cd 12-18 75
10. Usual occupation homework	
† 1. Industry of business	Due 10
KI. Industry or Dustness	
E 12. Hame.	Other conditions
₹ 13. Birthplace	517 8 A A A
H 14. Malden name	(Include pregnancy within 8 months of death)
	Major findings of operations
E 15. Birthplace	Date of op.
16. Informant Met Same & Bance	Antopsy results
1 7 11	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 4910 43 rd and Sugabullish	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date thereof	Accident, suicide, or homicide Reache & Date of 12.18 4/
(Burial, cremation, or removal. Which?) (month) (day) (year)	Where did injury occur? Assatlaville - P. G. Co mo
Cemetery or crematory	(County) (State)
location mew orpork state	Injured at home, farm, Industry, public place (where?)
0.0 8.1	Means of injury Face E4/2/48aha) injured at work?
tB. Funeral director Mulan Sel Sons Co	
Address 300 4th Stmc DC.	June Hageage
here 14 14 Ide On Som	23. SIGNATURE. M. D. or other
(Date rec'd by registrar) Registrar	Addres 37/7-38/4/64 Date signed 3/13/48

MAR 16 1948

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03001

#### CEPTIFICATE OF DEATH

245

V	CERTIFICAT	Reg. Dist. No	
	1. PLACE QE DEATH  County  City or town  (if outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Nospital, institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lylants give residence of motors)  State  Count  City or town  (If addiside city or town limits, write RURAL and give peares  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Nu	
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  The married widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. THE MEDICAL S	
	6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I aftended decease fully 29 1947, to JUNE 8 and that I last saw h. Lin ative on Wake 6 Immediate cause of death	19. 4.5 18. 4.8 DURATION
	B. Birthplace Was hive glass De (Town, county, and state)  10. Usual occupation.	Due to Myssaldon (chrone)  Oue to	≠ŋ1,
	11. Industry or husiness.  12. Name Line Va	Blood Sugar 3.6.48 - 350	3 42
	14. Malden name Eernigea Faris 15. Birthplace Was hing ton se	(Include pregnancy within 3 months of death)  Major findings of operations	
	16. Informant John C. Browce Address 410 V Crittuden SV Syattsville, rud	Antopsy results  PHYSICIAN: Please underline the cause to which death should be charged sta  22. VIOLENCE: If death was due fo external causes, fill in the following:	tistically.
	17. But Bate thereof. (Burial, cremation, or removal. Which?)  Cemetery or cremator Mash.  Date thereof. (may be	Ancident, sulcide, or homicide	State)
	18. Funeral director 4500 hours 6	Injured at home, farm, Industry, public place (where?)  Meens of Injury Injured at work?	***************************************
	19 March 10" 19 48 Mrs. Jas. Devere	23. SIGNATURE SUM 14 Programme M. D. or of Address 3827-348+ M. D. Address 3827-348+ M. D. Address Signed 3.	other 4.8
ſ	(Date rec'd by registrar) Registrar	Address Signed	

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Sapply every item of information carefully please write the causes of death clearly and

Physicians: F

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Beg. Diat. No. 243

	Reg. Diat. No.
1. PLACE OF DEATH: Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State
LAMAR BRO	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Male   Negro   Single	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  18.4.7., to Von 8, 194.8.  and that I last saw h. Lamaive on Von 7, 18.4.8.
8. AGE: Years   Months   Days   If less than one day   39   5   2  hrshrs.	Immediate cause of death Dulmonary Tulerculosis 7 yrs
9. Birthplace	Oue to  Other conditions
14. Maiden name Emma Anthony 15. Birthplace Emanuel, Georgia	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Deceased	Autopsy resulta PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
17. Remarkation, or removal. Which?)  Cemetery or crematory.  Location to Washington D. C  18. Funeral director Las. W. Eslessanson  Address 2006 - 924-04, 71. W.  19. Date reed by report roll.  (Date reed by report roll.)	22. VIOLENCE: It death was due to external causes, till in the toilowing:  Accident, suicide, or homicide



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#### MARYLAND STATE DEPARTMENT OF HEALTH

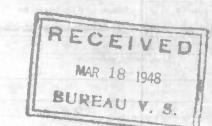
2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

03003 NB

Reg. Dist. No.

1. PLACE OF DEATH: County Prince George	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
HVATTRVILLE	State County
City or town (If outside city or town limits, write RURAL and give ne (3 Years)	City or town Washington, D. C. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	3622 12th, Street N.E.
Sacred Heart Home	Street No. (If rural, give LOCATION)
How long in bospital or institution? AFRIL 9, 1945-5	
3.(a) FULL NAME Margaret Bryen	ton 3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, of	or divorced MEDICAL CERTIFICATION
Female White SINGLE	
6.(b) Name of husband or wife	January 1946 19 to March 16 19 48
	years and that I last saw h er alive on March 15 19 48
7. Birth date of deceased (mo., day, yr.) NOV. 6, 1863	Amtomiocolomotio
8. AGE: Years   Months   Days   If less than one	
9. Birthplace	Due to
10. Usuat occupation BETIRED	
	Due to
11. Industry or business	
12. Name PATRICK BRYERTO	
	(Include pregnancy within 3 months of death)
# 14. Malden name HANNAH HANDS	Major findings of operations.
15. Birthplace TRELAND	Date of op.
16. Informant HOME RECORDS	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address HYATTSVILLE, MY	P:
Rurial	22. VIOLENCE: If death was due to external causes, the in the following:
Burial (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	(day) (year) Accident, suicide, or homicide
Cemetery or crematory Mount Olivet Cen	
Washington, D.C.	injured at home, farm, industry, public place (where?)
Location	Means of tolury Injured at work?
18. Funeral director Hames a Ryan,	ac.
Address 317 Penna. Ave. S.E.	Thomas T Collins
2/11/11/11/11	23. SIGNATURE
19. (Date rec'dby registrar)	Registrar Address 323 - H ONE Date signed 2-16-48



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2411 N. Charles St., Baltimore

03004

#### CERTIFICATE OF DEATH

Seg. Dist. No 243

OZILI I TOIL	Reg. Dist. No.
1. PLACE OF DEATH: County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
City or town	City or town Washington  (If outside city or town limits, write RURAL and give nearest town)  Street No. 119 Co. Street, No. E.  (If rural, give LOCATION)
How long In hospital or institution? 10 days	2.(a) If veteran, name war
JEAN M. BUR	7 LOW 3. (b) Social Security Number
4. Sex   5. Color or race   6.(4)Single, married, widowed, or divorced  Female   White   Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(6) Name of husband or wite William Burtlow.  6.(c) It alive, give age years  T. Birth date of deceased (mo., day, yr.) October 7. 1903	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  L. L. 26. 19. 4. 8., 10
8. AGE: Years   Months   Days   It less than one day   Lill   Lill   5   1  hrsmin.	Immediate cause of death  Pethnous Tulerenlosis 21/2 yr
9. BirthplaceNew York New York (Town, county, and state)  10. Usual occupation	Due to
11. Industry or business    12. Name	Other conditions
Pheobe Brooks  14. Maiden name Pheobe Brooks  New York	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Deceased Address	Aatopsy results
17 Rem walto D.C kunfu Date Ihereot. Luan 9 (148) (Burial, cremation, or removal. Which is the company of the c	22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Daniel Len Trakens W.J.	Injured at home, farm, Industry, public place (where?)
Address Gleun Jale, Warnfand  19. (Date rec'd by registrar)  18. Funeral director.  19. (Date rec'd by registrar)  19. (Registrar)	23. SIGNATURE & aniel Leo Pinicare M. D. or other  Address Vlens Dale MA Date signed 3/8/48

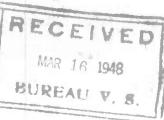
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. USUAL RESIDENCE (HOME) O	F DECEASED:	
For newborn infants give residence of	portiger) .	b.
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ity or town Collingto	0.	
	write RURAL and give nearest to	own)
treet No Achneele	200 7000-1	
(If rurat, give	LOCATION)	************
(a) If veteran, name war	115000000000000000000000000000000000000	
	1	
	3. (b) Social Security Numb	er
MEDICAL CE	RTIFICATION	
		102
DATE OF DEATH.	ch 15 19 48 11 1	2
. I CERTIFY that death occurred on the date abou		
	to	
	10	19
d that I last saw halive on	***************************************	19
mediate cause of death		DURATION
acute comes	eating heart	
Value		
X. 7 - 1 -	*******	
a Cortema		***********
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	10000202	• • • • • • • • • • • • • • • • • • • •
er conditions	***************************************	
		*************
er conditions	onths of death)	
(Include pregnancy within 3 m	onths of death)	
(Include pregnancy within 8 m		
(Include pregnancy within 3 m	onths of death)	
(Include pregnancy within 8 m or findings of operations	Dale of op.	
(Include pregnancy within 3 m or findings of operations		ally.
(Include pregnancy within 3 m or findings of operations		ally.
(Include pregnancy within 3 m or findings of operations	h death should be charged statistics	ally.
(Include pregnancy within 3 m or findings of operations	h death should be charged statistics	ally.
(Include pregnancy within 3 m or findings of operations	h death should be charged statistics	•
(Include pregnancy within 3 m or findings of operations	Dale of op.  Dale of op.  Dale of op.  Date of op.  (County) (State)	
(Include pregnancy within 3 m for findings of operations	Dale of op.  Dale of op.  Dale of op.  Date of op.  (County) (State)	

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#### MARYLAND STATE DEPARTMENT OF HEALTH

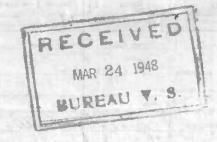
2411 N. Charles St., Baftimore
CERTIFICATE OF DEATH

930

030,06

Reg. Dist. No. 4

1. PLACE OF DEATH: CLOSE OF	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Market Transport	State Maryland County Lynci George
(If outside city or town limits, write RURAL and give nearest town)	(1)
How long in above place of death? 6 440	(If outside city or town limits, write RURAL and give nearest town)
Mospilal, Institution, or greet address where detay occurred:	Street No.
or go conney amount	(If rural, give LOCATION)
How tong to hospital or institution?k.	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Thomas Eduard Cook	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W wyfowed	20. DATE OF DEATH WAY . 22 19 45 21 3 A- M
6.(b) Hame of husband or wife. Game 1 Selle Cook	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	2010, 20 1942 10 Mar 22 1848
7. Birth date of	and that f fast saw have alive on Man 16 19 48
deceased (mo., day, yr.) Y VLOVI 11 / V V  8. AGE: Years   Months   Days   If test than one day	Immediate cause of desth
05	Α
hrsmin.	Cardio-Vascular disease 1945
9. Birthplace (Town, Junty, auditate)	Bue to
10. Usual occupationF.	Bue to.
11. Industry or business	
E 12. Name DIVOD CONC	Bither conditions Connected as I shall alian 1944
12. Name Diro Costa Supració	
	(Include pregnancy within 3 months of death)
14. Maiden name. Elizabetth  15. Birthplace	Major findings of operations.
图 15. Birthplace	Date of op.
18. Informant Christopic Regards	Autopsy results
Address Forestville, Mid	PHYSfCIAN: Please underline the cause to which death should be charged statistically.
(Burlai, cremation, or removal, Which?)  Bate thereof. 3-34-48. (month) (day) (year)	22. VIOLENCE: If death was due to externat causes, fill in the following:
(Burlai, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory & Turke and	Where did injury occur?
Location Forstville mit.	Injured at home, farm, Industry, public place (where?)
20 40! /41 Flan	Means of Injury Injured at work?
18. Funeral director	0 / /
Agess/Aper Warllolo 7712.	23 SIGNATURE John J. Malony
19 holish 23 1948 Charthe	23. SIGNATURE A.D. or other
(Date rec'd by registrar) Registrar	Address Cheverly - VIO The signed 3-2241



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202 EA

## Hospital, Institution, or street address where death occurred: How long in hospital or Institution? 3. (a) FULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr.)

10. Usual occupation.

11. Industry or business

13. Birthplace

14. Maiden na 15. Birthplace 14. Maiden name

8. AGE:

1. PLACE OF DEATH:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Ī		Keg. Disc. 110
	2. USUAL RESIDENCE (HOM	E) OF DECEASED:
	(For newhorn infants give reside)	ice of mother)
	state Maryland	County Gruce Georgee
	City or town Horth	Juglewood
	(If outside city or town	limits write RURAL and give nearest town)

City or lown	its write RURAL and give nearest town)	******
Street No. 5900 She	vefogation)	*******
2.(a) It veteran, name war	00	
id-	3. (b) Social Security Number	
MEDICAL	CERTIFICATION	
	18 1948 21/23	B
21. I CERTIFY that death occurred on the date	above stated; that I attended degeased from  19.4.6	X8 X8
I Ramond And	DURAT	-
Congestive	Heart Tailms	
arteriosslerotic	Skart Pissad	
Due to Malnubil	iou	
Due to. Characach		
Other conditions Iraphic	alass.	
(Include pregnancy within	3 months of death)	
Major findings of operations		
	Date of op	
Actopsy resolts	which death should he charged statistically.	
22. VIOLENCE: It death was due to external	causes, fill in the following:	
Accident, sulcide, or homicide	Date of	
Where did injury occur?(City or town	n) (County) (State)	
Injured at home, farm, Industry, public place		
Manne of Injury	Intured at work?	

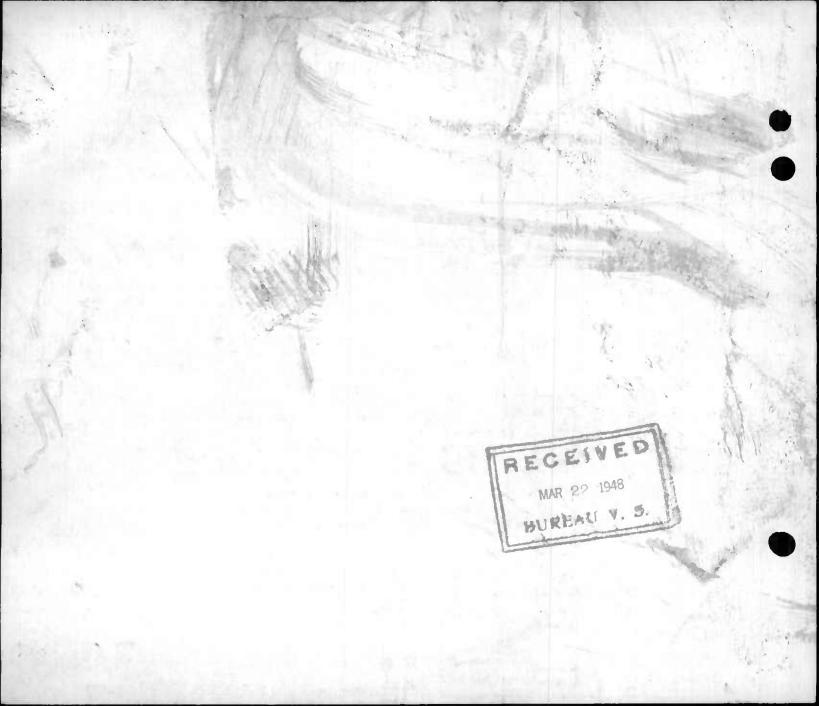
It less than one day

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nty, and atate)

Carrie F. Cam

23. SIGNATURE.



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chorles St., Baltimore

## 03008

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Prince Jeorges	m l
City or town (If outside city or town limits, write RURAL and give nearest town)	State County RINE //eorses
	City or town Cachooy Hills
How long in above place of death?	(If outside city or townlimits, write EURAL and give nearest town)
Rince Levres Hosp. Lal	Street No. 5/2-74 Flace
1 P 1 1 P 1 1	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME COStanzo, Boky Ro	hert 1). 3.(b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
Moh W Sing &	20, DATE DF DEATH 14 march 48 21 543/pm
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	
	19
7. Birth date of	and that I last saw halive on
	Impediate cause of death. DURATION
o. Age:	acite fallence
2 3hrsmin.	Tonally 5 /kg
9 Birtholace Cheverly Md	Due to
9. Birinplace (Town/county, and state)	Edona of Loryny 4 Louis
10. Usual occupation.	
mone.	Due to
11. Industry or business	• •••••••••••••••••••••••••••••••••••••
12. Name 63 ep 7	Dither conditions
3. Birthplace / Ballimore gold	(Include pregnancy within 3 months of death)
14 Maidan name Rae Francie	
14. Maiden name	Major fiediogs of operations
≥ 15. Birthplace Jeguchburg oc	Date of op.
16 Informant mother - Pal Costams	Autopsy resolts
THE MILE OF PARTIES ON	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1/4 19. F.S. Carmen Hallo Ma	22, VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof 3-17-48	Accident, suicide, or homicide
(Burial, eremation, or removal, Which?) (mosth) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
levitland, and.	Injured at home, farm, Industry, public place (where?)
Location D D D D	Means of triury Injured at work?
18. Funeral director W. W. Chambers Co.	1/ 5/1)
Address 519 11 th 59. S.E.	Ham t Claves
Day 1/2 115 Care 4 Ca 11.10	23. SIGNATURE AND OF SHOPE AND
19. Mar. 15 19.48 Carrie J. Campfell Registrar	Address 835 Ege 41 Date signed 4140

Alr. I Buyd — County Coroner •

notified re-death

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Hogs authorities

abaselle, R.V.

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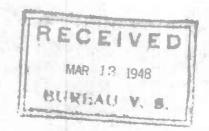
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03009

#### CEPTIFICATE OF DEATH

	CERTIFICAT	E OF BEATH	Reg. Dist. N	o. # 20
City or town	mcf.	Street No. 601 90	wn limits, write RURAL and g	ive nearest town)
3. (a) FULL NAME	Edgan.	Dalho.	3. (b) Social Sec 244-10-	
4. Str. Male Scolor of the 6. (a) Single, married, w	week, or directed		Maril 195	16 a 130
6.(b) Name of husband or wife Sallie Frich Frahm A  7. Birth date of deceased (mo., day, yr.)  3. Survey 8, 1878	(labba ive age decessed years	and that I last saw halive on	19 46 10 hra	7 13.46
8. AGE: Years   Months   Days   If less to   3	than one dayhrsmin.	Immediate cause of death.	en tal	3 yrs.
9. Birthplace (Town, gunty, and state) 10. Usual occupation Puttral Symmetry and state) 11. industry or business Surginar	ent	Oue to	cla/m	
12. Name Sharafan Jackson D.  13. Birthplace and Co. n.C.  14. Malden name Elizabeth Jone Knott	alls.		within 8 months of death)	
16. Informant May Sallie M. Strange		Major fiodiogs of operations	Date of op.	sarged statistically.
	weh 14 1948  nonth) (day) (year)	22. VIOLENCE: If death was due to ex Accident, suicide, or homicide	ternal causes, fill in the following:	
Cemelery or crematory Cakwood Cemiling Location Colingh Month Cacoling  18. Funeral director & Arefur Waltus		Where did Injury occur?(City) (City) Injured at home, farm, Industry, public Means of Injury		(State)
14	ne Pack DC D. Smith	23. SIGNATURE LOVE	of I how	M. D. or other /46



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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03010

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town (If outside eity or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Josse Le	Jarque 3. (b) Social Security Number
4. Sex    Scolor of race   S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  4. 8. 5	Immediate cause of death
9. Birthplace	Due to
13. Birthplace  14. Malden name	(Include pregnancy within 3 months of death)  Major findings of operations
Date thereof. Which?)  Cemetery or crematory  Location  18. Funeral director  Location  18. Funeral director  Location  Locati	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide
Address 5/7-// Carrie J. Campbell (Date rec'd by registrar)  18. Funeral diseases  19. Mar. 6  19. 48. Carrie J. Campbell Registrar	23. SIGNATURE M. LIJ or other  Address Date signed - 5 - 48

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MAR 8 1948

BUREAU V. S.

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St Baltimore

## CERTIFICATE OF DEATH

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Reg. Dist. No. 239

1. PLACE OF DEATH: County Vinces Seotals	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give tell/denee of mother)
City or town	State Couply Couply
How long in above place of death? Ulla 2 Musto 15 days Hospital, Institution, or street address where peath open red:	City or town (If optside city or town imits write RURAL and give nearest town)
hospital, listitution, or street address where train of the target actions	Street No. 3.3.23 - (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Cura Ceclia de Son	3. (b) Social Security Number
4. Sex   5. Color organice   6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. MACK 1948 of 8 P. M.
S.(b) Name of husband or wife	21. CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) thalive, give age years	19.47 to 2/17 19.48.  And that I last saw h. & 2 alive on 2/17 19.48.
7. Birth date of deceased (mo., day, yr.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day 76 2 15	acute Myscarditis
9. Birthpiace (Cown, county, and state)	Due to
1D. Usual occupation.	Due 10
11. Industry or business	
12. Name Denne Penne	Differ conditions full block to the state of
× /1 / /200,000	(Include pregnancy within 8 months of death)  Major findings of operations.
14. Maiden name Amarina I Summer  15. Birthplace Penni	Date of op.
16. Informany Mrs C. A Douglass	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 3313-46 M.M. March.	22. VfOLENCE: If yearh was due fo external causes, fill in the following:
(Burial, cremation, or removal, Which)	Accident, suicide, of homicide
Cemetery or cromatory of the Whatel Commenters	Where did Injury octur?
Location Farm with In Jock andely.	Injured at home, farm, industry, public place (where?)
18. Funeral director Milleager Co Fresh	Means of Injury tnjured at work?
Address farrall and	23. SIGNATURE SUSSELLEMANNE
(Date rec'd by registrar) 1948 M, & Deas Means	Address Source Mil Date signed

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

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Reg. Dist. No.....

1. PLACE OF DEATH:  County RIVCE GEORGE'S  lity or town CHEVERLY  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 9 Rrs. 24 min.  Nospital, institution, or street address where death occurred:  Rrince George's General Nospital  How long in hospital or institution? 9 Rrs. 24 min.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County  City or town Massachuser town limits, write-RURAL and give nearest town)  Street No. # 99
3. (a) FULL NAME	3. (b) Social Security Number
13aby Cirl Derrickson  4. Sex 1/5. Color or race   6.(a) Single, married, widowed, or divorced  Female W 5	MEDICAL CERTIFICATION  20. DATE DF DEATH. March. 6, 19 48 at 10:00 P. A  21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(6) Name of husband or wite  6.(c) If allve, give age years  7. Birth date of deceased (mo., day, yr.) Llar. 6, 1948	3-6-1948 and that I last saw h.e.T. alive on 3-6-1948
8. AGE: Years Months Days If less than one day 9. hrs. 24 min. 9. Birthplace CRecely, Trince George's, Md. 10. Usual occupation Newborn	Due to a sometime frequency followed by  Due to a sometime frequency followed by  Due to 2
11. Industry or business    12. Name   Ver. D.R.O.   L. Derrickson     13. Birthplace   Indiana     14. Maiden name   Lucille   Frazier     15. Birthplace   N. Dakota     16. Interment   Mr. 2. Lucille   Derrickson     16. Interment   Mr. 2. Lucille   Derrickson     17. Lucille   Derrickson     18. Interment   Mr. 2. Lucille   Derrickson     18. Interment   Mr. 3. Lucille   Derrickson     19. Interment   Mr. 3. Lucille   Derrickson   Derrickson     19. Interment   Mr. 3. Lucille   Derrickson   Derrickson	Other conditions  (Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.
Address #09 Ridge Rd. S. E. Mashington 19 J. C.  11. Cremation (Burial, cremation, or proval, Which?)  Cemetery or crematory wine Gengis General Trapplet  Location  18. Funeral director. G. N. Desley Augustation  18. Funeral director.	PHYSICIAN: Please underfine the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide
19. 3/9 (Date recki by registrar) 19. 4.8 amanda Dauney Registrar	23. SIGNATURE Les Wm. Dufault MD M. D. or other 1 Address 2725 Pg. Que S.E. Wash. D. Coate signed 3-7.48

MAR 11 1948
BUREAU V. S.

2411 N. Charles St., Baltimore

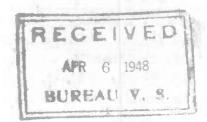
#### CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DE	Princ	e Geor	res	2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
				Siate D. C.	County	•••••
				Cliy or town Washington	mits, write RURAL and give n	
How tong in above place of death?			Street No. 1730 - 16th S	treet, N. W.	earest town)	
Glenn I	ale Sanato	orium			give LOCATION)	••••••
How long in hospital or		nos.,	days	2.(a) If veteran, name war		
3. (a) FULL NAM					3. (b) Social Security	Number
	EBE	RHA	RT MILDREL	13.		
4. \$81	0,000,00			MEDICAL	CERTIFICATION	0 - 20
Female	White	Si	ingle	20. DATE OF DEATH. Mars	C 30 1148	at 2 5
The second secon	or wife			21. I CERTIFY that death occurred on the date	above stated; that I attended dec	essed from
7 Bleth date of			c) If alive, give ageyesrs	and that I last saw hC.falive on	3/30	19 4-8
deceased (mo., day, )	m) April 3			Immediate cruse at death		DURATION
8. AGE: Years	Months	Days	tf less than one day	Tuberellous m	eneglis	6 olay
33 3	3 11	27	hrs, min.	-	······································	
	aysville, (Town, Nurse			pulmonary in	luculosis	15 russ
11. Industry or busines						
置 12. Name			t	Other conditions		***
13. Birthplace	Maysville			(Include pregnancy within	n 8 months of death)	
			24	Major findings of operations		
15. Birthplace	Maysvill	e, Geo:	rgia			
16. Informant	Deceased			Antapay results	b *	
Address		11		PHYSICIAN: Please underline the cause to		d statistically.
Bru	ual.	Date ther	eol 3 31 42	22, VIOLENCE: If death was due to external		
(Burial, cremation	or removal. Which?		(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremate	Holy &		1 Cemetery	Where did injury occur?(City or tow		
Location	may u	ell'	, veor sia	Injured at home, farm, industry, public place		
18. Funeral director.	w.w.C	hou	bers Co.	Masens of Injury	tnjured at work?	_ get *
Address 140	O Chop	in &	st. n.w.	23. SIGNATURE & Janiel	180 Finee	and mix
19. (Date rec'd by re	19 P	120	uland S. Pluly	4 60 000	e M.D. Dats signed	314 10 -1111

FOR BINDING RESERVED

PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes



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MAR 30 1948

BUREAU V. S.

BINDING

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MAR 17 1948 BUREAU V, S.

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#### CERTIFICATE OF DEATH

Reg. Dist. No. 243

How long in above place Hespital, institution, or	Property of the property of th	ince Georges  Dale Maryland  Mars, write Rukat and give nearest town)  desth occurred:  Annatorium  Mos., 4 days	(If outside city or town limits, write RURAL and give neerest town)  Bireet No		
3. (a) FULL NAMI		VILLIAM LEO FIKES		3. (b) Social Security 1 408-14-0130	
Male	Negro	8.(a)Bingle, married, widowed, or divorced Single	MEDICAL CE	ertification	1725 A
100-100-100		5.(e) It alive, give age	21. I CERTIFY that death occurred on the date abo	march 10	
8: AGE: Years	Menths	Bays	Immediate course of death		612 was
10: Usual occupation:: 11: Industry or busines 12: Name	Dining	Mississippi ar Waiter on Sauthern R  Mississippi Perry Georgia	Bue to  Bue to  Other conditions  (thelidde pregnancy within 3 f  Major findings of operations		
-1 101 3111191000	Dece	ased	Aniopos results	piep geath spanig ps epacked	
17 Recurson to the second seco	al.  1; 8f femeshi. Which  Which  Which	-Bate thereof (Mishth) (day) (sent)	Accident, suicide, or homicide	Bale of	(Sute)
18: Funcial director  Address C  18: Meanel 18: (Bate resid by re	10 - 12 12 4 P	Rowland & Philips	23: SIGNATURE Daniel Le	Finicars	3/11/4F

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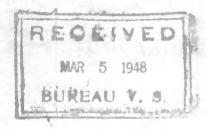


#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfea St., Baltimore

02997

CERTIFICA	TE OF DEATH Reg. Diat. No. 25		
1. PLACE OF SATH: See Sounds S	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn fants give residence of mother lands)  State		
How long In hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Eldora Flack	3. (b) Social Security Number		
female white wrdowed or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  20. 1948 4.3°P.		
6.(b) Name of husband or wife. Samuel S. Flack  6.(c) If alive, give ageyea  7. Birth date of deceased (mo., day, yr.)  Garal 10. 1860	and that I last saw halive on		
8. AGE: Years   months   Days   If less than one day   10   22  mi   9. Birthplacemi	DURATION  Traction with perform Och 15/1  But Octor 4 was bord  Due to 10 and Low 10 former och  Star 19 (Reg) der vert frage		
10. Usual occupation  11. Industry or business  12. Name alch Bollors  13. Birthplace	Due to Branchal Provided Problem 14.		
14. Maiden name unknown  15. Birthplace unknown  16. Informant Charles 71. Flack	(Include pregnancy within 8 months of death)  Major fiedings of operations		
Address 4100 Newton st Colman Menor)  17  (Burial, cremation, or removal, Which?)  Cemetery or crematory  Cemetery or crematory  Smith and Find	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following;  Accident, clicite; or homisida.  Where did injury occur?		
18. Funeral director & Gasche sone Address Negatterillo md.	Means of injury  Injured at work2  23. SIGNATURE.  M. D. or otyper		
19. (Date red by registrar)  (Date red by registrar)  Registrar	ar Address Lyattonllo my Date signed 3/2/48		



age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1311

03017

#### CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF) DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County / Acceptance	David Paris Man
(If outside city or town limits, write RURAL and give nearest town)	State County County
Now long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	11 22 7 12 100
***************************************	Street No
Now tong in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Henrietta E.	Flynn
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemsle White Wedowed	20. DATE OF DESTR. Mar. 19, 1948, at 10 32 m
10l 2 L	21. I CERTIFY that death occurred on the date above stated: that delended deceased from
8.(b) Name of husband or wite.	Jan 3 10 46 10 Mas 19 10 48
7. Birth date of	and that last saw har alive on mar 18 19.48
deceased (mo., day, yr.) \ line - 12, 1876	
8. AGE: Years Months Days If tess than one day	Comassever Neon 2 WYC
hrs. min.	Tral 4 11 100 :
1120 1200	Chrone 24rs
8. Birtheisea. (Town, county, and state)	Due 10.
10. Usual occupation Advantage	10/2 mic 211
	Due to 2000
11. ladustry or business	
12. Name affect Words  13. Birthplace of amount	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Emple Wander  15. Birthplace Serviers	
15. Birtholace	Major findings of operations.
	Date of op.
16. lotormant huldred to Kayas	Autopsy results
Address 7751 Frederich Rd	
17 Burel Date thereof Musch 22 1945	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Borial, cremation, or removal, Which?)  (month) (day) (year)	Accident, Buicide, or Romicide
Cemetery or crematory Rach Creak	Where did injury occur?
11) and beauto DC	Injured at home, farm, industry, public place (where?)
Location	Means of injury   lojyred at work?
18. Funeral director. Delal Funeral Home	means or mine)
Address 48/2 Sa age 7 W	laylon Hawfell Mh
3/19 118 10 0 10 100000	23. SIGNATURE
19. 3/19 19 40 Ruanda Dollines	Address 16 1/6 0-/6 05 0 0 0 signed 3-19-4

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BUREAU V. S.

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

og Diet No. 141

•	
1. PLACE OF DEATH:  GOUNTY THE GEOGRAPH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL And give nearest town)	State Many County County
How long in above place of death?	(If ou side city or town limits, write RURAL and give hearest town)
Hospital, institution, or street address where heath occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Mary, Susser 7	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
James White Money	20. DATE OF DEATH March 4 19 48 21 6 - A
6,(b) Name of husband or wife C ford	21. I CERTIFY that death occurred on the date above stated; that 1 attended deceased from
6.(c) It alive, give age years	
7. Birth date of deceased (mo., day, yr.) 2222 3, 1874	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
73hrsmin.	8
9. Birthplace Rechuse Va (Town, county, and state)	Due to Cardio as cular reval
4 5	desis
10. Usuai occupation	Due to
11. Industry or business	Other conditions
13. Birthplace Rechispond Va	
	(Include pregnancy within 3 months of death)
14. Maiden name. Thousand the second of the	Major findings of operations.
	Date of op.
16. Informant	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Address At The 2-8-48	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, overmore). White)  Date thereol. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremato & Sollielo House	Whers did Injury occur?
Location Assashington are	Injured at home, farm, Industry, public place (where?)
18 Funeral trackers . ld. Chambers Co	Misens of Injury Injured at work?
Address 5/7 //3 lt d. 5	respectly meaners spagning
January 1 14 Cari 7 C 10.00	23. SIGNATURE M. D. other
19. (Date rec'd by registrar)	Address the shall de Bale signed -4-45

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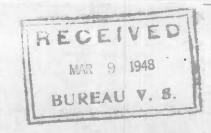
PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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			CERTIFICATI	L OI BLAIII	Reg. Diet. No.	
1. PLACE OF DE	P	rince	Georges	2. USUAI. RESIDENCE (HOM) (For newborn infente give residen		
How long in above place Hospilat, Institution, or Gle	of death? 5 m street address where nn Dale Sai	os., 4 death occurred natori	e Maryland URAL and give nearest town) days t: um	(if outside city or town limits, write RURAL and give nearest town)  Street No. 501 L. Street, N. W.  (If rural, give LOCATION)		
3. (a) FULL NAM		MON	NICIE LOC		3. (b) Social Security	Number
4. Sex Female	5. Color or raco		e, married, widowed, or divorced ngle		CERTIFICATION  30 1948	,,0:45
			c) It alive, give ageyeare	and that I leat asw h . L alive on	march 30	30 19 43
8. AGE: Year 19 19	a Months	0ays 28	it lees than one day	Immadicite cause of death Pulmanary T	uterculosis	6 me
8. Sirthplace				Bue to		
12. Name Sammy Gallmon  13. Birthplace ? South Carolina				Other conditions (Include pregnency with		
14. Malden name Dora Williams				Major findings of aperetious	•••••	
18. Informant	Deceased	***************************************		Autapsy results	to which deeth chould be charged	etetistically.
17. Reuras (Buriai, cremation	of to Wash,		(month) (dey) (year)	22. VIOLENCE: It death was due to seter Accidant, suicide, or homicide  Whera did injury occur?	Data of	(State)
18. Funeral director  Addrose  19. Data rec'd by F	16-1 16-1 30,1948.	Fla	O Plante Land S. Philips Raghtras	23. SIGNATURE AND Addrage.	Injurad at work?  Led Linux M. D.  Re MA D.  Bata eigned	3/30/48

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legib

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BUREAU V. S

03020

CERTIFICAT	TE OF DEATH Reg. Dist. No. 239			
1. PLACE OF DEATH: RINCE GEORGES.  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (France of mother)  State County			
3. (a) FULL NAME ROBIN GILBERT	3. (b) Social Security Number			
4. Sex Single, married, widowed, or divorced Single E-	MEDICAL CERTIFICATION  2D. DATE DF DEATH 3 3 1945 21 1:23 P. M			
6.(b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days if less than one day  9. Birthplace LAUREL MA.  (Town, county, and state)	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from  19			
11. Industry or business  12. Name	Diher conditions M. D. C.			
Address 903 Mars Ure 71. 6.  17. CREMATION Date thereof (month) (day) (year)  Cemetery or crematory. EDAR HILL (REMATORY)  Location of 17th AND 19th Address 505 Marshay Bart., January 714.	Antopsy results PHYSICIAN: Please underfine the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
Mav 3/ 9.48 M. Biasheare (Date rec'd by registrar)  Registrar	Address & aun Bale signed 3 /3/648			

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legible MARGIN RESERVED FOR BINDING PLAINLY, vis especially

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BUREAU V. S.

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

03021

Pag Dia No 243

	Reg. Diet. No		
1. PLACE OF DEATH:  County Prince Georges  Clenn Dale, Maryland  City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infents give residence of mother)  State. D. C. County  City or town (if outside city or town limits, write RURAL end give neerest town)  Street No. 1117 Parkwood Place, N. W.  (If rursi, give LOCATION)		
3. (a) FULL NAME  GRAY WALTER PERC	3. (b) Social Security Number		
4. Sax   5. Color or raca   8.(a)Singla, married, widowad, or divorcad   Male   White   Married	MEDICAL CERTIFICATION  20. DATE OF DEATH.  March 14 10 48 11 12 5 1. 11		
8.(6) Name of husband or wife Julia C. Gray  7. Birth date of decessed (mo., day, yr.)  November 21, 1883	21. I CERTIFY that death occurred on the data above stated; that I stranded decassed from  # 14 4 4 19 to 3/14 19 48  and that I last saw h. Addresalive on 3/14 18 48  Immediate cause of death.  DURATION		
8. AGE: Years   Months   Days   If less than one day   614   614   3   22	pulsupuony Interculosis 8/2 yrs		
9. Birthplace Petersburg, Virginia.  10. Usual occupation Clerk  11. Industry or business  12. Name Arthur Gray.  13. Birthplace New York  14. Malden name Rosa Virginia Minetree  15. Birthplace  Petersburg, Virginia	Bus to  Bus to  Unclude pregnancy within 3 months of deeth)  Major findings of operations.		
18. Informant  Address  17. Market  (Burlai, eremetion, or removel, Which?)  Cematery or crematory  La Washing to DC. thurse to Mercel	Date of op.  Antapay results		
18. Funeral director Add S. T. Huses Co. R. W. G. Addrasa 2901 - 14 St. N. W.  19. Mar. 15. 1948 Rouland & Philips (Data ree'd by registrar)  Registrar	Magna of Injury  Injurad at work?  23. SIGNATURE David Leo Division M. D. or other  Addrass John Date algorid 3/14/48		

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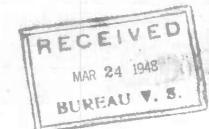
UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

PLAINLY, WITH UNF is especially important.

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Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 4 MAR 30 1948 CERTIFICATE OF DEATH Reg. Diat. No ... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County...V. information carefully of death clearly and How long in above place of death?.... Hospital, Institution, or street address where death occurred: How long in hospital or institution?..... 2.(a) If veteran, name war ..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from FOR 7. Birth date of deceased (mo., day, yr.) Months Days If less than one day 8. AGE: RESERVED 10. Usuat occupation... MARGIN 11. Industry or business 12. Name ...... 14. Maiden na 15. Birthplace 14. Maiden name Major findings of operations .... .Date of op .... PAYSICIAN: Please underline the cause to which death should be charged statistically mar 13, 1940 RITE 1 SE PLEA 23. SIGNATURE. .... Date signed.

MAR 16 1948
BUREAU V. S.

2411 N. Charles St., Battimore

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## CERTIFICATE OF DEATH

eg. Diat. No. 231

V				
	1. PLACE OF DEATH: County PRINCE OF DROES  City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? (A. 4.5 min.)  How long in hospital or institution? (A. 45 min.)	2. USUAI, PESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  Mar. G. Land  County  Liance  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No. 4112- D. O. D. C. T. T.  (If rural, give LOCATION)  2.(a) It veteran, name war.		
	3. (a) FULL NAME	3. (b) Social Security Number		
	4. Sex   5. Color for race   6.(a) Single, married, widowed, or divorced    Female   Widowed.  8.(b) Name of husband or wife   6.(c) If alive, give age   years    7. Birth date of deceased (mo. day, yr.)   8 - 19 - 189   If less than one day    8. AGE: Years   Months   Bays   If less than one day	MEDICAL CERTIFICATION  2D. DATE DF DEATH 3-23 19.48 at 6.1.20 A.M.  21. I CERTIFY that death occurred on the date above stated; that i attended deceased from 3-22 19.48 to 3-22 19.48.  and that I last saw h 12 alive on 3-22 19.48.  Immediate, ause of death DURATION  Accustes Parity and the control of the		
	8. Birthplace	Due to Register of Segue of 10 hours  Due to Louis Kille is Board  Dither conditions Chance arthur 10 yrs		
	13. Birthplace  Has Malden name Katherne Freey.  15. Birthplace  16. Informant Katherne Smeth  Language Cash Medical Control of the Control o	(Include pregnancy within 8 months of death)  Major fiedings of operations.  Date of op.  Autopsy results.  PHYS1CIAN: Please underline the cause to which death should be charged statistically.		
7 2	Address  Transportation  (Burial, cremation, or removal. Which?)  Cemetery or crematory  Location  18. Funeral director  Address  Date thereof hav 24. 1948  (month) (day) (year)  (gear)  Company (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
	19. 3/24 (Date registrar) 19/8 Umanda Sourrey Registrar	Address but Racin bud Date signed 3-23.48		

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RUREAU V. S.

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

	CERTIFICATE OF DEATH  Reg, Dist. No. 24			
1. PLACE OF DEATH: County	L and give nearest town)	City or town. U.S. Cif outside city or town limits.  Street No. 4. 9. 0. 3. — 7.7.	County Co	
earne	Crow 7	ohn	3. (b) Social Security Number	
4. Sex 5. Color of race 6.(a)Single, man	rried, widowed, or divorced	MEDICAL CI	ERTIFICATION	
6.(b) Name of husband or wife	alive, give age 44 years	21. I CERTIFY that death occurred on the date abo		
7. Birth date of deceased (mo., day, yr.)	908	and that I last saw halive on	19	
9. Sirthplace	fless than one dayhrs,min.	Oue to.	OURATIO	
12. Name 12. Name 13. Birthplace		Other conditions (Include pregnancy within 3 n	nonths of death)	
14. Maiden name. A the state of	الم	Major findings of operations		
16. Informant	a Hohm	Actopsy resolts		
(Burial, cremation, or removal, Which?)  Cemetery or crematory	(month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide Whare did Injury occur? (City or town)		
Location Location T Lasch	Ine	injured at home, farm, industry, public place (wh	ere?) P. R. R. Luck	
Address Styatteville	md:	Result ne	and Gang	
19. Marsk 15 1948. Mrs. (Date rec'd by registrar)	DA, Registrar	Address Freshall n	Mr.D. or other Date signed 3 14 -	

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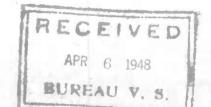
BUREAU V. S.

	ς,	CE	RTIFICAT	TE OF DEATH	Reg. Diet. No	243
1. PLACE OF DEATH:  County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)  State County  We call it not an			
4. Sex	5. Color or race	RDY CAL 6.(a) Single, married, widowe	ed, or divorced	MEDICAL	CERTIFICATION	
Male	White	Single		20. DATE OF DEATH	7ch 20, 1148	8 1 115
8.(b) Nems of husband or wife			21. I CERTIFY that death occurred on the date	shove stated: that I attanded dec	secod from	
7. Birth date of deceased (mo., day, y	.) Septemb	er 17, 1866		and first lest sew h. Additive on		
8. AGE: Yeere 81 81		Deys   If less than o		pulmo nary lu	bereuloris	5/27
	Retired	Virginia eounty, and state) Government Emp		Due to		
12. Nemo Silas Hardy Virginia			Other conditions			
Amanda J. Saunders  14. Meidon neme Amanda J. Saunders  Virginia			(Include pregnancy within 8 months of death)  Major findings of aperations			
1B. Informent			Actorsy results			
Address  17. (Burial, eremation Cometery or cramato Location	or removal, Which?	Date thereof. Way (month)  Hell (except)	20 48 ) (day) (year)	22. VIOLENCE: If death was due to esterne Accident, suicide, or homicide	Date of	(State)
Address  19. (Date rec'd by re	19 4 P	Rowland,	S. Plulipe Rogistrar	23. SIGNATURE AMPLE		or other 3/24/3

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2411 N. Charles St., Baltimore

			CERTIF	CATE	E OF DEATH Reg. Diat. No.	243
1. PLACE OF DEATH:  County Prince Georges  City or town Groutside city or town limits, write RURAL and give nearest town)  How long in above place of death? I month, 10 days  Mospital, inslitution, or streel address where death occurred:  Glenn Dale Sanatorium  How long in hospital or institution? I month, 10 days.				vn)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	neareat town)
3. (a) FULL NAME	GF	RAN	VILLE.	T.	HARRIS 3. (b) Social Secur 228-22-0	
4. Sex Male	5. Color or race Negro		e, married, widowed, or divorced ingle		MEDICAL CERTIFICATION  20. DATE DF DEATH Warel 12th 194	8 15 15 A
7. Birth date of deceased (mo., day, ye	*******************************		c) If alive, give age	yeare	21. I CERTIFY that death occurred on the date above etated; that I attended to 19.48, to More and that I ast saw in 12.00 at the on Marcu 12.00 and that I ast saw in 12.00 at the on Marcu 12.00 and that I ast saw in 12.00 at the on Marcu 12.00 and that I ast saw in 12.00 at the on Marcu 12.00 and that I ast saw in 12.00 at the one of the other than 12.00 at the ot	deceased from 44 / 2 19 4 8
8. AGE: Yeare 37	Monthe 5	Daye 26	tt lees than one day	min.	) See One of death	54
9. Birthplace					Due to	
12. Name	?	Virg			(Include pregnancy within 3 months of death)	
14. Maiden name Bertha Briggs 15. Birthplace ? Virginia					(Include pregnancy within 8 months of death)  Major findings of operations	
16. Informant Deceased				_	Actopsy results	ged statistically.
(Burial, cremation, Cemetery or cremato Location	14)	0 -	Jarro Co Washington D.	ear)	Where did injury occur? (City or town) (County) Injured at home, farm, Induelry, public place (where?)  Meene of Injury Injured at work?  23. SIGNATURE A.	

RESERVED FOR BINDING MARGIN LAINLY, WITH UNFADING INK. Supply every item of information care especially important. Physicians: please write the causes of death clearly

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PLEASE WRITE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164C

#### CERTIFICATE OF DEATH

03027

	Reg. Diat. No.
1. PLACE OF DEATH:  county Prince George's County  City or town. Cheverly, Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Eleven Hours  Hospital, institution, or street address where death occurred:  Prince George's General Hospital  How long in hospital or institution? Eleven Hours  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
HAZEL LORRAINE HATCHE	R 3. (b) Social Security Number
4. Sex Female  5. Color or race White  6. (a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION  2D. DATE OF DEATH March 7, 19 48 at 1:10 m
6.(b) Name of husband or wite Carl B. Hatcher  6.(c) If alive, give age years deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day 32 hrs. min.  9. Birthplace Washington, D. C. (Town, county, and state)  10. Usual occupation. Housewife  11. Industry or business  12. Name Albert B. Hunter  13. Birthplace Fairfax County, Virginia	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  18 to
14. Maiden name Lois Loven  15. Birthplace  Virginia  16. Informant Richard E. Bauer (Broin-law)  Address 5022 55th Ave., Rogers Hgts., Md.  17. Burial Burial Date thereof 3/10/48  (Burial, cremation, or removal, Which?)	(Include pregnancy within 3 months of death)  Major fiadiags of operations.  Date of op.  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes fill in the following:  Accident, suicide, or homicided.
Cemetery or crematory W.L. Math. Ceruity  Location Fort. May Va  18. Funeral director. W.a. W.a. CHAMBERS COMPANY  Address 5801 Cleveland Aye., Riverdale, Mo  18. 3/6 19 48 Umanda Durney  (Date rec'd by registrar)  Registrar	Where did Injury occur?

MAR 11 1948

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

(13(128) Reg. Diet. No. 245

61

County Clark County Clark County Clark County Clark County Clark County Clark	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County County
Now long in above place of death?	City or town (If outside city or tawn limits, write RURAL and give nearest town)  Street No. 3422 Telegraphy (If rurni, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME ANNIE ELMIRA H	2 XV/77 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION / 30
Female White Widowed	20. DATE OF DEATH MAY: 6 19 48 0 A. M
6.(b) Name of husband or wite David Hewitt  6.(c) If alive, give age yes	21. I CERTHY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) Sep. 26, 1880	and that I last saw h
8. AGE: Years   Months   Days   If tess than one day	Hyperteusine asperios duotes
9. Birthplace Baltimore, Md.  (Town, county, and state)  Housewife  10. Usual occupation. Housewife	Due to
12. Name Addison L. Smith 13. Birthplace Virginia	Diher condilions alsabetes Mellitus 243.
14. Maiden name Nellie Parsons 15. Birthplace Baltimore, Md.	(Include pregnancy within 8 months of death)  Major findings of operations.  Bate of op.
18. Informant Charlotte Xander Address 3422 Tilden St., Brentwood, Md.	PHYSICIAN: Plesse nuderline the cause to which death should be charged statistically.
(Barial, cremation, or removal, Which?)  Cometery or crematory.  Burial  Bate thereof Mar. 9, 1948  (month) (day) (year)  Lincoln	22. VIOLENCE: It death was due to external causes, till in the following;  Accident, suicide, or homicide
Location Bladensburg Rd., D.C. line  16. Funeral director Warn. J. Malley	Injured at home, tarm, industry, public place (where?)  Means of injury  injured at work?
Address 3200 R.I. Live., Mt Rainier, Md.	23. SIGNATURE Troin U. Frangeey M.D.
19. 3/8 (Chate red d by registrar) 1948 (Chananda Deure Registrar)	Address Mt Rainier Med Date signed 3-6-48

MAR 12 1948
BUREAU V. S.

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INDIANE TO THE INDIANG TRAIN OF ARTICLE

1. PLACE OF DEATH:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1240

2. USUAL RESIDENCE (HOME) OF DECEASED:

03029

#### CERTIFICATE OF DEATH

Reg. Dist. No. 23/

County Co	State. Mary la x County RINCE George  City or town Hill State (If outside city or town limits, write RURAL and give nearest town)  Street No. 1302 - 5959 Avenue  (If rural, give LOCATION)
3. (a) FULL NAME Raymond Suston	3. (b) Social Security Number
4. Sex 5. Mor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  28  17  10  48  17
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 17. to
deceased (mo., day, yr.)   fully 23 / 9/2	Immediate vause of death DURATION 2 days
9. Birthplace	Due to ante day infution 2 days
11. Industry or business    12. Name   raceph Hirston     13. Birthplates   Va.	Dither conditions.
14. Maiden name Tearl Landon  +5. Birthplace  The state of the state o	(Include pregnancy within 3 months of death)  Major fiedings of operations
16. Informant Mathew Address 1302 - 59 de ave. Hillside, md	Autopsy results
17. (Burial, cremation, or removal, Which?) late thereot. (mbnth) (day) (year)  Cemetery or crematory. (mbnth) (day) (year)	Accident, suicide, or homicide
18. Funeral director W. W. Chambers Co. Address 517-112 St. S. E. Wash, W. C.	Means of injury Injured at work?  23. SIGNATURE William Branin
19. 3/18 1948 Uhanda Doune, Registral)	Address Capital Hylo, my Date signed 3/17/18

MAR 19 1948

2411 N. Charles St., Baltimore

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03030

#### CERTIFICATE OF DEATH

2		Reg. Disc. No
bly.	1. PLACE OF DEATH: Leave Leave	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
lly. The ond legibly	City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
on carefully clearly and	Hospital, Institution, or street address where death occurred:	Street No. 7006 - D Street (If rursi, give LOCATION)
on	How long in hospital or institution?	2.(a) If veteran, name wer
information of death	3. (a) FULL NAME Era Belle many Hutson	3. (b) Social Security Number 579-26-9436
em of inf	4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced female white married	MEDICAL CERTIFICATION  2D. DATE OF DEATH March 3 1948 21 4 7
ry it	6.(b) Name of husband or wife William Austle  1 Lution 6.(c) If alive, give age 3 / years	21. I CERTIFY that desily occurred on the dale above stated: that I altended deceased from
ly wri	8. AGE: Years Months Days If less than one day	Immediais cause of death. Competitive Heart DURATION  2 Services 19 Services 1
. 70	9. Sirthplace I Plant M. M. (Town, county, and state)	Due to Cardio - vasculur - 19 years
ADING INK Physicians:	10. Usual occupation	Due to administration ferra in 1938
(EL	12. Name. Maskington Dec.	Dither conditions
When UNI	14. Maiden name Eva Belle Wahle  15. Birthplace Philliphony Pennsylvania	Major findings of operations.  Date of op.
AINLY, especially	Address 7006-D St, St Oleasant mel	Autopsy results
PLAIPs espe	(Burial, cremation, or removal, Which?)  Dale thereof (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide
RITE	Cometery or crematory Wt Olivet Corneling Location Washington Dlo.	Where did injury occur?
SE W	18. Funeral director. Trancis Collins	Means of Injury Injured at work?
PLEA	19 march 3 1948 Carrie F. Campbell Registrar	23. SIGNATURE Description M. D. M. D. M. D. M. D. Date signed 3/3./YP

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MAR 8 1948

(Date rec'd by registrar)

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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03031

#### 21

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Prince George			
City or town Brentwood (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Pr. Geo.		
(If outside city or town limits, write RURAL and give nearest town)	Cily or town Brentwood (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? life Hospital, Institution, or street address where death occurred:			
maphal, manuful, of affect address where seam obserted.	Street No. 3600 - Varnum St.		
	(If rural, give LOCATION)  2.(a) It veteran, name war		
How long In hospital or institution?			
3. (a) FULL NAME	3. (b) Social Security Number		
Marguerite Cecelia Joi	unson		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	m 1/11 08 11.30 a		
2 0 10 10 10 10 10 10 10 10 10 10 10 10 1	2D, DATE DF DEATH March 16 1928 21 4:30 P		
6.(b) Name of husband or wite Leonard A. Johnson	21. I CERTIFY that death occurred on the date above alated; that I attended deceased from		
	They 5 1947 1071 an 16, 1948		
1 7 Right date of	and that I last saw here alive on Franch 16 1948		
deceased (mo., day, yr.) May 19, 1910	Immediate cause of death		
8. AGE: Years Months Days It less than one day	Carcinoma of left breast 6 years		
37hrsmin.	0 1		
9. Birthplace Brentwood	Due to		
(lown, county, and state)			
10. Usual occupation Housewife	Due to		
11, Industry or businesa	Due to		
≝ 12 Name Julius 1. Gerharet			
	Other conditions		
13. Birthplace Germany	(Include pregnancy within 3 months of death)		
# 14. Maiden name Theresa Bischoff	Major findings of aperations. Cassimona of left		
14. Malden name Theresa Bischoff 15. Birthplace Germany	Major hudiogs of aperations.  Date of op. 1941		
Leonard A Johnson			
10. 18 01 11 41	Autopsy results		
Address 3600 Varnum St., Brentwood, Md.			
Burial Burial March 19, 194	822. VIOLENCE: It death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) (month) (day) (year)	Acceptant and the second secon		
Cemetery or crematory Fort Lincoln Cemetery	Where did injury occur?		
Location Colmar Manor, Md.	Injured at home, tarm, Industry, public place (where?)		
Willes Walley	Meana of Injury Injured at work?		
16. Funeral director	1 . Das 11 Q1 1		
Addres 3200 R.I. Ave., Mt. Rainier, Md.	23. SIGNATURE 6. Jours Meudel, M. N.		
march 15 ce brun Serger	M. D. or other		



MAR 20 1948

Prince Georges

(If outside city or town limits, write RURAL and give nearest town)

1. PLACE OF DEATH:

CFRT	CIFI	CATE	OF	DEA	TH
CEN		CAIL			

2. USUAL RESIDENCE (HO) (For newhorn infants give res	ME) OF DECEASED:
State D. C.	County
City or town Washingto	own limits, write RURAL and give nearest town)
Street No. 1724 - 61	h St., N. W.
(If r	ural, give LOCATION)
2 (a) if veteran name war	<u> </u>

Hospital, Institut	lon, or stre	et address where	death occurre	mos., 20 days		
		le Sanat		os., 20 days		
3. (a) FULL			HOME	\	S	
4. Sex	5.	Color or race	6.(a)Single, married, widowed, or divorced			
Male		Negro	Ma	rried		
8.(b) Name of hi	usband or w	ite Emr		(c) If alive, give ageye	ars	
7. Birth date of deceased (mo	day. yr.)	Februar				
8. AGE:	Years	Months	Days		=	
58	58	1	1 11	hrsm	in.	
10. Usual occupation						
16. Intermant		Decea	sed		••••	
17 Ru	ector W		igton ut J.	(month) (day) (year)  1. D. C.  Carus Co L.  - St N W.  land S. Philips  Regist	//	

2.(a) if veteran, name war		
Z.(a) II veteran, name war		
	3. (b) Social Security	
	579-01-291	LO
	ERTIFICATION	
20. DATE OF DEATH MARCH	18 19.48	8 P.
21. I CERTIFY that death occurred on the date about 26	46 to MARCH	18 19 48
Immediate cause of death	besculovei	Lyn 9 mg
Due to		
Que to	4	
Due to		***************************************
Other conditions		
(Include pregnancy within 3	months of death)	
Major findings of operations		
	Date of op	
Antopsy results		
PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.
22. VIOLENCE: If death was due to external ca	uses, fill in the following;	
Accident, sulcide, or homicide	Date of	
Whera did Injury occur?(City or town)		(State)
Injured at home, farm, industry, public place (w	here?)	
Means of Injury	tniured at work?	

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UNFADING INK. Supply every item of information carefully. The ant. Physicians: please write the causes of death clearly and legib

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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2 HOHAL DECIDENCE (LICAME) OF DECEASED

03033

#### CERTIFICATE OF DEATH

Rog. Diat. No. 245

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
Ceunty Juice Googes	State Mary land county Prince Ceorges
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town (iff outside city or town limits, write RURAL and give nehrest town)
How long in above place of death?	
1010-10-10- aug	Street No. 10 (0 - CO COATION)
How long in hospital or instillution?	2.(a) If veteran, name war
3. (a) FULL NAME	
Sid Political Sie Sie	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tour Colored morried	20. DATE OF DEATH, MALL 2 1948 111205 M
00:00	21. I CERTIFY that death occurred on the date above atated; that I alteoded deceased from
B.(b) Name of husband or wite	march 15 1148, march 211148
7. Birth dale of	and that I last asw h A alive on March 21 1945
deceased (me., day, yr.) 2 1910	Immediate cape of death Out to lock DURATION
8. AGE: Years () Months Days It less than one day	Deutricular treas
37 9 19hrsmin.	0.100
The Desire The	Bravelia Osthua 3 wel
9. Birthplace (Town, county, und state)	
10. Usual occupation. Coler the	
11. Industry or business L.S. Souti	Due to
12 Name Es Devard Carain	Other condition leves Broughton 2 who
12. Name Carried Corrections 13. Birthplace Corrections	
	(Include pregnancy within 3 months of death)
14. Malden name Colores 15. Birthplace	Major findings of operations.
\$1 15. Birthplace	Dale of op.
16. informant Lace Mall	Autopsy results
Address 5034 - &. 88	PHYSICIAN: Please underline the cause to which death shoold be charged statistically.
1/ADM 24 1640	22. VIOLENCE: if death was due to external causes, fill in the following:
Bural, remation, or removal. Which?  Bural, remation, or removal. Which?	Accident, suicide, er homicide
Cematery or crematory (R) (Mellry)	Where did lajury occur?
Walnut No 1	Injured at home, tarm, industry, public place (where?)
Location / Control of the control of	Meona of Injury Injured at work?
18. Funeral director ATMA J. LE MANUS FCO.	
Address 901 - 3rd St., S. W.	Selder M.D.
1 11/1	23. SIGNATURE M. D. or other
(Date ree'd by registrar)  19. Man 2 2 19. 48 Anna T. Amphili (Date ree'd by registrar)  Registrar	Address 423- Lut Ply Gre signed 3-21-49

MT 21 1948

WITH UNFADING INK. Supply every item of information care; important. Physicians: please write the causes of death clearly

PLEASE WRITE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

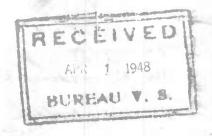
and

03034

#### Par Dia No 240

#### CERTIFICATE OF DEATH

CERTITICAL	Reg. Dist. No.
County (If butside city or town limits, write RURAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
tow long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME William arthur Kaffel	3. (b) Social Security Number
1. Sex 5. Color or race 8.(a) Single, married, widowed, of thorsed Married	MEDICAL CERTIFICATION  20. DATE OF DEATH 20. 23  19.48 al 9 5 M
B.(b) Name of husband or wife Utlina T. Aaffel  B.(c) If alive, give age years  deceased (mo., day, yr.)  Aug-17-1901	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/30 19.47 to 3/23 19.48 and that I last saw h alive on 3/23 18.48 Immediate cause of death Caranaga Throughout DURATION
8. AGE: Years Months Days If less than one dayhrs	Jan
B. Birthplace Machine Jon (Town, county, and atate)  10. Usual occupation. Clerk gracing Stare  11. Industry or business  12. Name Stank Kaffel	Due to Due to Due to
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name Mary Oyers  15. Birthplace St. Mary Co. rul	Major findings al aperations
Address Landon Xappel	Autopsy results
17. Runcal Date thereof 3/24/48 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory. 577 - 11 St S. E.  Location Wash. De	Whers did injury occur?
18. Funeral director WW6 havelu- 6	Msans of Injury Injured all work?
Address 577 - 11 27 S. E. 19 3/24 19 48 Amanda Downey	23. SIGNATURE Sulvis Jauffran M. D. or other  M. D. or other
(Date rechi by registrar) 18 mullate B. Registrar	Address 3 123 Champtons 12 Date signed 3/24/4%



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

(13035 Reg. Diat. No. 245

•	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Co	1 0 + # 10
City or town	State County County
How long in above place of death? S.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 5 3 2/2 Janlar 1700
5322 Jalon Rosid	(If rural give L CATION)
How long In hospital or institution?	2.(a) If veteran, name war war war
3. (a) FULL NAME	3. (b) Social Security Number
Eugene aloysure Re	renand 131-09-0597
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mak white married	20. DATE OF DEATH. 15 19 78, at 648
S.(b) Name of husband or wife marron Keenan	2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Bigh date of Section 1. Big	and that I last eaw halive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Yeare Months Days It less than one day	assite conserting least
54 hrsmin.	Luline
Jan unh at hoy	and Carlingander real
9. Birthpiace	deserve
10. Usual occupation.	
11. Industry or businese	Due to
E O	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Therese South 15. Birthpiace New York City, br 4	Major findings of operations.
\$ 15 Birthoise hew Unk City. by 4	Date of on
16, Informani A	Autopsy results
Address 53 27 July /d Condally la	22. VIOLENCE: It death was due to external causes, till in the toilowing;
17 Bunal 1 Date thered 17, 1948	Accident, suicide, or homicide
(Burial, eremation, or removal, Which?) (month) (usy (year)	
Cemetery or crometers	Where did Injury occur?(City or town) (County) (State)
Location arlunglyn	Injured at home, farm, Industry, public place (where?)
7 Descha come	Meane of Injury   Injured at work?
18. Funeral director.	Henry medical Gamine
Address Styallerille mai	Talend F. ( I Tend
malified in the form	23. SIGNATURE
18 March 6 18 48 mrs as bever &	Address Trestruct Date signed 3-15-48

MAR 18 1948 BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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100	Park.

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#### CERTIFICATE OF DEATH

Reg. Diat. No. 242

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war  3. (b) Social Security Number
4. Sex 5. Color or race 8. (a) Single, married, wildowed, or divorced  Male white Married	MEDICAL CERTIFICATION  20. DATE DF DEATH.  21. I BERTIFY that death occurred on the date above stated; that I atleaded decessed from
8.(b) Name of husband or wife	and that I last saw h horalive on handle J 19 Y/  Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Due to.
10. Usual occupation	Due to
12. Name 12. Name 13. Birthpiace Pennea 14. Maiden name 13. Mills Page 15. Birthplace Pennea	(Include prognancy within 3 months of death)  Major findings of operations.
16 Michaellian & Geville Address 70/9 Ha. ave 91.14. apt 7	Autopsy results
Daie thereof (moneth) (day) (rear)  Cemelery or crematory (day) (rear)	Accident, eulcide, or homicide
18. Funeral directors: 10' Chambers Co' Address	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?
18. mar 15 19 48 Carrie F. Campbell. (Date ree'd by registrar)  Registrar	23. SIGNATURE M. D. OT WITE M.

MAR 17 1948

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

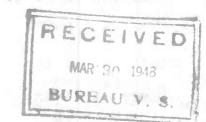
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03037

#### CERTIFICATE OF DEATH

Reg. Diat. No. 331

1. PLACE OF DEATH: County Prince George's					
City or town	Cheverly.	Marviand limits, white KURAL and give nearest town)	k. Columbi	a Park Md	
How long in above ;	place of death? 15	minutes ;	(If outside city or town li	mits, write RURAL and give nearest town)	
Rospital Institution	Rospital Institution, or street address where death occurred: Prince George's Hospital		Street No	Street No.	
***************************************			(If rursl, give LOCATION)  2.(a) It veteran, name war		
		······································	2.(4) It veteran, name war		
3. (a) FULL NAME  John Francis Kelly				3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
male	white	single	20. DATE DF DEATH March 25	, 1948 19 ,1;35 A	
6,(b) Name of hust	band or wife		21. I CERTIFY that death occurred on the date		
		6.(c) If alive, give ageyea	rs	.t9	
7. Birth date of	day, yr.) August	26 1883		19	
	Years Months	Days   If less than one day	Immediate cause of death	e at failure DURATION	
	67	hrs. mi	n	D	
9 Righniace	Washing	ton D. C.	Due to Cardiava	ula renal	
J. Diringiaco	(Town	, county, and state)	disease		
tD. Usual occupat	Retired	Plumber	Due to		
1t. industry or bu	siness				
H 12 Name	Thomas J.	Kelly	Diber conditions		
t2. Name		nown			
2		illivan	(Include pregnancy within		
HE t4. Maiden n 15. Birthplace	ame	nown	Major findings of operations		
16. Informant	James Noor	ie	Autopsy results		
Address E	. Columbia	Park Md.		o which death should be charged statistically.	
Addition .			22. VIOLENCE: It death was due to externa		
(Burial, crema	urial ation, or removal. Which	Date thereof. March 27 19 (month) (day) (yeer)	Accident, suicide, or homicide	Date ot	
			Where did Injury occur?(City or tox	wn) (County) (State)	
demetery of the	Washir	ivet D. G.		e (where?)	
Location		• • • •	Means of Injury	Injured at work?	
t8. Funeral direct	ts. Funeral director F. Gasch's Sons		10 off le hol	es al Chamer	
Address	Hyattsvil	le Md.	The state of the s	1 9 0 2 1	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	12.	ND 110-1	23. SIGNATURE	M. D. of other	
19. Mar	-d/18 4	8 Umante Wownle	ar Address Healell	1 Melasta signet 12 554	
(Date rec'd b	by registrar)	Registr	11 Addies2	THE STREET STREET	



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#### CERTIFICATE OF DEATH

03038 Reg. Diat. No. 342

1. PLAGE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County County	(For newborn infants give residence of mother)
City or town	State
How long in above place of death Described	(If outside city or town limits write RVRAL and give nearest town)
Hospital institution, or street address where death occurred:	Street No. 39.0.3.58 MI Shark
the large is because the distribution?	(If rural, give LOCATION)
How long in hospital or institution?  3. (a) FULL NAME	3. (b) Social Security Number
Paul Fulton Keys	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mole white single	20, DATE OF DEATH MOREL 20 19 48 at 34 00
8,(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If allive, give ageyears	19
7. Birth date of deceased (mo., day, yr.) Queent 4, 1924	and that   last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
23hrsmin.	
9. Birthojace Washing JC	Due 12 miltipl Creeking
9. Birthpiace(Town county, and state)	myries to the body
1D. Usual occupation.	Due to.
11. Industry or business unionally Manyland	
12. Name	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Madeline Mahanane 11. Serthplace Rechuse 11.	Major findings of operations
El 15. Birthplace Cechnique de il	
16. Informant White S. Desgo	Autopsy results
Address Cherenly, had	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)  (month) (pay) (year)	Accident, suicide, or homicide Case land pole of 3 - 2 - 0 - 4 (
(Burial, cremation, or removal. Which:)	Where did tolury occur? he tole fleshy
Cemetery or crematory Canal Constitution of the Constitution of th	(City or town) (Country) (Seate)
Location Antiquem 100	Msans of Injury Clause Crash Injured at work? Yes
18. Funeral director. A.	lepato melecal Danner
Address 2901-14 th. St. N. W.	23. SIGNATURE
19 mar. 21 1948 Carrie F. Campbell	2 + DI W 4 3 22 1 48
(Date rec'd by registrar) Registrar	Address Date signed

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly.

MAR 23 1948

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03039

Reg. Diet. No. 243

1. PLACE	OF DEAT	TH:			2 Hellal prespense (110)	
Causty Prince Georges			nce Ge	orges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town		Gle	enn Dal	e, Maryland RURAL and give nearest town)	State	
How tone in ab	our alass of	deaths .	TIME	10 mos. 23 days	City or town Washington .	***************************************
noopitel, insti	tution, or st	LOOJ SUGLESS MUOLI	s dooth goourre	rdi		nearest town)
	llenn	Dale Sar	atoriu	M	Fired No. 3916 - Blaine Str. No. E.	111111111111111111111111111111111111111
How long in h	ospital or In	atitution?	yrs.	10 mos., 23 days	2.(a) If volume, name war.	
3. (a) FULI	NAME		2			
		MAR	MELS	STEIN, FREDA	3. (b) Social Securit	ly Number
4, 801	11	Golof or Face	S.(a) Sing	s, married, widewed, or divoraed		
Female		White	Wi	dowed	MEDICAL CERTIFICATION	30
		77			20. DATE OF DEATH. CLANCE 9	8 al 9 1
6,(b) Name of I	husband or	wifeHar	ris Ma	rmelstein	21: I DESTIFY that death accurred as the date shape stated: that I attended do	
7. diela dala al	111111111111111111111111111111111111111	22222		e) If alive, give ageyears	43,1	11.4.8
deseased (m		Decem	ber 5,	1872	and that I last saw harmaslive on	11.48
8. AGE:	Years	Menths	Days	If less than one day	Inmediate game of death	DURATION
75	75	3	4	min.		6/2 7/3
9. Birthplace ::	Rus	sia				
		. (18WA)	county, and	itate)	Due 10.	044440000000000000000000000000000000000
10: Usual eccu	patien	Housewi	.fe		But to	40 4 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
11. Industry of	BUSINESS		-		900 TO.	000000000000000000000000000000000000000
12: Name .:	***************************************	?	ailber	g	Riber contilions	49 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
13. Birthels		R	lussia		Other conditions	***************************************
善 14. Maiden	name	Unkno			(Include pregnancy within 8 months of death)	
14: Maiden name Unknown 15: Birthelace Russia			ussia		Major findings of operations	00,
	ice.	Decease	d		Bate 91 89.	
16: Informant				0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	Animar remits	
Address	)			i	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
H. B	uris	l	Bate there	3/11/48.	22. VIOLENCE: If death was due to external causes, till in the tollowing:	
		remeyal: Which?)	Aust	(menth) (day) (year)	Aceidenfi suleide, of homicide	07 00 0 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0
Semetery of e	rematery				Muses did julinia deemia (Gifà sk faku) (Ganneà)	"YStatel
Leeatien		sau.	1	June 12	injured at home, farm, industry, public place (where?)	(otate)
18. FURBER 1 Starrhaugken ( Son)			Hays	Jen ( Son)	Means of Injury Injured at work 3	***************************************
MATERS 3501-1444 SE 40 M.			9 18	yem,	(1) . D A.	
2/10 /16 00 00000			10	10 10000	23 SIGNATURE A James Leo Finecan	21(4)
9: (Bate 185'8	by replates	1648.	1 ton	wland of Philips	GR () a and M: B:	St Stylet
(Date 195.g	Dy registra	(8)		- Ragivirat	Address Villan XJace Ma Bate claned	3/9/42



2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

Reg. Diat. No. 23/

V	
1. PLACE OF DEATH:  County	2. USUAI, RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  male white manual  Delai McCalliani	MEDICAL CERTIFICATION  20. DATE OF DEATH.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) Name of husband or wife	and that I last saw hosses. All 19. 4 S. Immediate cause of death and Correspond 19. 4 S. Immediate cause of death and Correspond 19. 4 S. Immediate cause of death and Correspond 19. 4 S. Immediate cause of death and Correspond 19. 4 S. Immediate
9. Birthplace	Oue to General arteros claron whomas Other conditions Infantica af whenever hurry Spleent Killeys
14. Maiden name Jeanette Germil  15. Birthplace Casada  16. Informant W. Fe  Address 40/3-29 5 st. Tht. Region, md.	(include bregnancy within 3 months of death)  Major findings of operations.  Date of op.  Autopsy results. See a belief of the cause to which death should be charged statistically.
Address 3 - 27 - 31 - 48  17 Birial (Burial, cremator), or removed Which?)  Cemetery or crematory Every elen Cemetery  Location Bladynstury Md	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director Fundamental director Fundament	Heens of Injury  Injured at work?  23. SIGNATURE  M. D

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ADING INK. Supply every item of Physicians: please write the causes

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information carefully. The

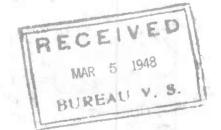
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MAR 18 1948

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VS A15

	Charles St., Baltimore (3)41
CERTIFIC	CATE OF DEATH Reg. Dist. No. 245
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Pr. Dew.	(For newborn infants give residence of mother)
City or town. H	State Va Couply Spotsylvania
(If outside city or town limits, write RURAL and give nearest town)	City or town 2 reduce Role
How long In above place of death?	(if outside city or town limits, write both AL and give nearest town)
40.03 Hernedy St	Street No
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Y	3. (b) Social Security Number
onnis Saylar //	1860 1227-16-2171
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MAJE WHITE MYdoWER	20. DATE OF DEATH. Parch 4 1948 31/2: 30
B.(b) Name of husband or wife. Dec 37 1877	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Feb 23 19 48, 10 18 4 19 5
7. Birth date of	and that I last saw h. alive on
deceased (mo., day, yr.)  3. AGE: Years   Months   Days   If less than one day	Immediate caose of death
	Carring of Kung Veces
70 / 20 / 6   mrs.	min. / /9 % 7
9. Birthplace (Town, county, and atate)	Oue to
T. Mallal	has
10. Usual occupation. Law W. W. Co.	Oue to
11. Industry or business	
12. Name Chip Charles M. M. 19 119 12 13. Birthplace Jal Chicago Leve of 12	Other conditions
13. Birthplace Jaldelicks Line of 12	
14. Maiden name Linak GUSV	(Include pregnancy within 3 months of death)
15. Birthplace unknown	Major findings of operations.
	Dafe of op.
16. Informant A. D. J. S. J. S	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address HOOS Almally St	
17B. H. yatta Vill michate thereof Man, 6 196	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.
(Burial Camation, or removal. Which?) (month) (day) (year)	) Accident, Suicide, or nomicide
Cemetery or crematory. Cotty Com. Treshaleshine	(City or town) (County) (State)
Location Fredericksture Va.	Injured at home, farm, Industry, public place (where?)
18. Funeral director & Darely Sons	Msans of Injury Injured at work?
Address Dualtzille Mal:	81 11:10: 2 2
	23. SIGNATURE AS MILLIAM M. D. or other
19 Mar 4 1948 Mrs. Jas. Dever	20 - 1/2 21 1
(Date rec'd by registrar) We note Con Regis	strar Address S / Wes gene Oate signed 3/4/



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#### MARYLAND STATE DEPARTMENT OF HEALTH

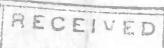
2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

()3()42 Reg. Diat. No. 23/

	Tool to the manual factor of the second seco	
1. PLACE OF DEATH: county Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	state Maryland County Prince George's	
(If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 19 11001'8	City or town Capital Heights (If outside city or town limits, write RURAL and give nearest town)	
Nospital, institution, or street address where death occurred:  Prince George's General Hospital	Street No. No fixed	
	(If rurai, give LOCATION)	
How long in hospital or institution? 19 hours	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Henry Clay Morris	- A STATE OF THE S	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White widowed	20. DATE DF DEATH March 21 19 48 21 9:20]	
C. morrie	- Sale of Scaling	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	19 to	
7. Birth date of deceased (mo., day, yr.) — 7/6/187/	and that I last saw halive on	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	
76min.	Congestive heart failure	
9. Birthpiace (Town towns and state) 10. Usual occupation (Town towns)	Due to Cardiovascular renal disease	
	Due to	
11. Industry or business		
12. Name Rotest a. morre  13. Birthplace Oreland	Dther conditions	
14. Maiden name. Emma Ovell 15. Birthpiace Ballimore md	(Include pregnancy within 3 months of death)	
15. Birthplace Ballimore md	Major fiadiags ol operations.	
16. Informant Elizabeth morris	Autopsy results. Autopsied	
Address Churchton Ind	PHYStCIAN: Please underline the cause to which death should be charged statistically.	
D. 1 me 24 1948	22. VIOLENCE: If death was due to external causes, till in the following;	
(Rurial, cramtion, or removal, Which?)  Date thereot. (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or consistory Zysiguen C	Where did Injury occur?	
Bladensburg mel o		
Location	Injured at home, farm, industry, public place (where?)	
18. Funeral director E Casche Sorra o	Meane of injury injured at work?	
Address Hyallerly, and	Deputy Medical Examiner	
19. 3/24 1948 Umanda Deure. (Date rec'd by registrar)	Forestville, Md. 3/23/48	



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#### MARYLAND STATE DEPARTMENT OF HEALTH

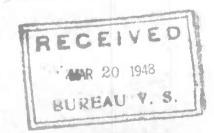
2411 N. Charles St., Baltimore

# 03043

Reg. Dist. No. 245

### CERTIFICATE OF DEATH

	Keg. Dist. No.
1. PLACE OF DEATH Prenice Sharge	2. USUAL RESIDENCE (HOME) OF DECEASED. (For newborn infants give residence of mother)
City or town	State Mary Soul County Runce See
How long in above place of death?	(If outside city or town limits, write UURAL and gift nearest town)
Chewite Despis	Street No. 4.3 (If rural, give LOCATION)
How long In hospital or institution? 3 steeke	2.(a) If veteran, name war.
3. (a) FULL NAME  One on Marton	3. (b) Social Security Number
4. Sex 5. Color or vace 6.(a) Singly, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. 3 - 15 - 19.46 at 9.55 A. N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  2-2-1948 to 3-15-1948
7. Birth date of	and that I last saw h manualive on 3-14- 1848.
deceased (mo., day, yr.) Nec. 23 /8/0	Immediate cause of death
8. AGE: Years Months Days If less than one day	Kypo state premium 36 hrs
11 D	Que 10. Cere Gal Kemontage 22 day
9. Birthplace	Oue IO.
10. Usual occupation	Oue 10. Hyper ten 5con grass.
11. Industry or business    12. Name   Den   7.   Marlow	Other conditions Diahetes Michino yrans
	(Include pregnancy within 3 months of death)
14. Maiden name Welco Tharfle	Major findings of operations.
2 15. Birthplace Census	
16, Informant Distriction	Antopsy results
Address 73/1 Shile Man 3/18/48	22. VIOLENCE: It death was due to external causes, fill in the following;
17. Oate thereof (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory fart Number	Where did injury occur?
Location Calmar Manar Mit	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address 3200. a. Jave Mt. Jus	23 SIGNATURE (1 21/ Seath mix.
19. 3/18 1948 Umanda Deeney	1833- 2h - 2 2h - 3 15 1.0
(Date rec'd by registrar) Registrar	Address Date signed 1.13.



CERTIFICA	TE OF DEATH Reg. Diat. No. 243	
1. PLACE OF DEATH:  County		
	3. (b) Social Security Number 577-03-3550	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Married   Married	MEDICAL CERTIFICATION 20 20. DATE OF DEATH WARRY THE 19.48, 21 / A	
6.(b) Name of husband or wife Louise Moten  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day   34   34   8   21   hrs.   min.  9. 6irthplace   Chauffeur  10. Usual occupation   Chauffeur  11. industry or business   Chauffeur   Chauffeu	Immediate cause of death DURATION	
15. Birthplace Washington, D. C.  16. informani Deceased  Address  17. Removal Bate thereof Man 7/9 V (Birtish, cremation, or removal, Which?)  Cemetery or crematory  Location to Washington D. C.  18. Funeral director At Man J. Removal & Co.	Autopsy results PHYSICIAN: Please underline the cause to which death abould be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the toilowing; Accident, suicide, or homicide	
Address 900-3rd, Street, S. W.  19. Mar. 7, 19 487 Rowland S. Philips (Date ree'd by registrar) (Date ree'd by registrar) (Date ree'd by registrar)	23. SIGNATURE Jane Lane Leo Finecano M. D. or otyer  Address Sen Dale Md. Date signed 3/7/48	

LAINLY, WITH UNFADING INK. Supply every item of information carefully especially important. Physicians: please write the causes of death clearly and

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# MAR 16 1948 BUREAU V. S.

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# MARYLAND STATE DEPARTMENT OF HEALTH

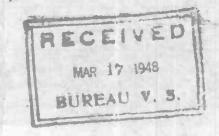
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

TH 03045

Dia No 239

1. PLACE OF DEATH: Place & Mennago Pa	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Howard
(If our lown (If our lown limits, write RURAL and give nearest town)	1 T. 14 . 3 1
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:  Wandelin Baspial	Streef No
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	
John growne	Mugers 3. (b) Social Security Number
4. Sex Solor or race S.(a)Single, plarried, wildowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE DE DEATH MANCH 14 18 K8, at 6:45 PM
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 10 11 18 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of deceased (mo., day, yr.) Sec. 1. 1934	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Duration
13 3 14hrsmin,	Sullaune Garage
9. Birthplace Tuilford Howard Co, Mid, (Town, country, and state)	Due to Bill emmilie Heist Area 5 yers
18. Usual occupation Student	Alleran Star Forms
11. Industry or business Public School	Dus to.
12. Hame August Myseus III 13. Birthplace Ellicott City, Sud	Other conditions
14. Maiden name Sylvin to travia	(Include pregnancy within 8 months of death)  Major findings of operations.
\$ 15. Birthplace to set sighest west /a.	Date of op.
10. Informant Ust. Audust J. Mylers	Autopsy results
Address Fightons M	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Busine Martin 1949	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?)  Bate thereof. (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory At The State State State Class	Where did injury occur?
Location Pfliffle Locale	Injured at home, farm, industry, public place (where?)
18. Funeral director & diston Jans	Means of Injury Injured at work?
Address Elicatt City MA.	O (Stookens Mrs) -
19 Mar. 15 1048 M. Brashears	23. SIGNATURE M. D. or other



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

# CERTIFICATE OF DEATH

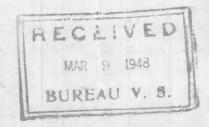
03046 Reg. Dist. No. 289

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State MRRYLAND County RINCE GEORGE  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. // MONTAPMERY AVE (If rural, give LOCATIVN)
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME ELLERY LESTER E	3. (b) Social Security Number
4. Sex Male Single, married, widowed, or divorced  Male White Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH  21. DATE OF DEATH  22. DATE OF DEATH  23. DATE OF DEATH  24. DATE OF DEATH  25. DATE OF DEATH  26. DATE OF DEATH  27. DATE OF DEATH  28. DATE OF DEATH  29. DATE OF DEATH  20. DATE
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	7- 1 75 44
7. Birth date of deceased (mo., day, yr.) August 20, 1891	and that I last saw hat alive on 19
8. AGE: Years Months Days If less than one day  56 7 9hrsmin.	le hionie mysearchla. 9 just
9. Birthplace LAUREL KINCE HEARY MARY LAWE (Town, county, and state)  10. Usual occupation.  MAKEL RACK  11. Industry or business	Due to
E 12. Name JOHN W. D'BRIEN	Dther conditions
13. Birthplace LAUREL, Md	(Include pregnancy within 3 months of death)
14. Maiden name MARY SALLIVAN  15. Birthplace LAUREL Md.	Major fiedings of operations
	Date of op.
10. IIIUrillalli	Actopsy resolts
Address // Ol MONTGOMERY AUE  17. Burial, cremation, or removal, Which?)  Date thereof MANA 29. 1948.  (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory Drug Hill Comstang	Where did Injury occur? (City or town) (County) (State)
Jacobian Langel Omd	Injured at home, farm, Industry, public place (where?)
18. Funeral director I. arthur Walters	Means of Injury Injured at work?
Address 505 Washington Blud LAUREL, Md	Total In tement Il
Mar 29 48 M. Bischerce Registrar	23. SIGNATURE  M. D. or other  Address January  Date signed 329/45

# MAR 31 1948 PUREAU V. S.

.Date signed 3/7/48

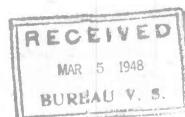
2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) (If outside city or town timits, write RURAL and give nearest town) (If rurai, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DURATION 9 Weeks anore Mears (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; (County) (State) Injured at work?



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HIM NO.	7 1 1 2	PR 14 1948 CERTIFIC			Reg. Dist. No	A = 1
1. PLACE OF D			2. USUAL RESIDE	NCE (HOME) ( fants give residence of	OF DECEASED:	
	had had	mits, write RURAL and give nearest town)	state Maryla		unty Grince Georg	ges
How long in above nis	f outside city or town l	and give nearest town)	City or town Riv	erdale,	is, write RURAL and give ne	arest town)
Hospital, Institution,	or street address where	death occurred:	Street No. 49011	Sheridan St		
Prince	or institution? 1 d	n. Hospital, Cheverly		(If rural, give		
3. (a) FULL NA			2.(a) If veteran, name w	ar		
		Con			3. (b) Social Security	Number
4. Sex	ert Painter	6.(a) Single, married, widowed, or divorced		MEDICAL C	ERTIFICATION	/
Male	White	Widowed	3	3	4/8	11:53/
	, , , , , , , , , , , , , , , , , , , ,		20. DATE OF DEATH 3.		ove stated; that t attended dece	- //
	nd or wife		3		48 31	3 19 4
			ears and that I last saw h.L.	Malive on 3	3/48	19
8. AGE: Yes	r, yr.) April 1	1978 Days   If less Ihan one day	Immediate cause of de	иь	, , , ,	OURATION
69 7	- 11	2hrs.	min.	المنايي	faces	18 14
9. Birthplace		Va.	Due to Cort	ware a	Auncles	4
do III1	D-	tired	1	into e	Zis.	10 he
10. Usual occupation	***************************************	No. of the Art Control of the Contro	Due fo	•••••	***************************************	
12. Name	NOI. LA.	e Painter	Other conditions			
	Edinbu	rg, Va.	(Inches	de pregnancy within 8	months of death)	
14. Maiden nam	· Kebecca (	Relaide Lindawoo	Major findings of opera			
2 15. Birlhptace	Edinbury	, Ve.				
16. Informanl	ospital Rec	ords	Antopsy results			
Address					hich desth should be charged	statistically.
17 Rem	oval	Date thereof 3/3-48			uses, fill in the following;	
(Burial, cremati	on, or removal. Which?	(month) (day) (year)	Accident, suicide, or hor			
Cemetery or crem	tory	10 26	Where did tojury occur?			(State)
Location	meen	are va		ndustry, public place (w	there?)	••••••••••
18. Funerat director	DOS / 10	renson	Moens of Injury		Injured at work?	
Address	303491	WYW Washingle	12	lum	Dert /1	1.69
3/	3 .48	Generalas Neures	23. SIGNATURE	D/an	1 7 2 M. D.	or other
(Date rec'd by	registrar)	Regist	rar Address 43	V Jul	Care Dale stened	3/5/X



9-45-15M

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

03049

Reg. Diat. No. 23/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county truce Georges	(For newborn infants give residence of mother)
City or town	state Maryland County Prince Georges
How long in above place of death?	(If outside cky or town limits, write RURAL and give nearest town)
How long in above place of death	777111
Prince Georges General Hospet	Sireet No. 2 (Ifrural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Joseph Clark V	ingleton
4. Ses   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Surgle	100 aug 05 aug 7 :0 4 8 : 15 A
	20. DATE OF DEATH. 19.4. Q, at
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Opt. 28, 1942	and that I last saw halive on
8. AGE: Years   Months   Days   11 less than one day	Immediate cause of death
5 4 9 hrs. m	
9. Birthplace (Town, county, and atpte)	Oue to line up of the transfer of the tran
	4 The words
tO. Usual occupation	Oue to.Q
tt. Industry or business	
12. Name	Other conditions
t3. Birthplace huhow	
5 malie Pueleton	(Include pregnancy within 3 months of death)
14. Maiden name Rosslie Pugleton  15. Birthplace	Major findings of operations.
≥ 15. Birthplace	Oate of op.
t6. Informant Caul Dramon	Autopsy results
Address 2202 - Walester Street	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burel man 9/94	22. VIOLENCE: It death was due to external causes, Till in the following:
(Buriai, cremation, or removal, Which?)	Accident, suicide, or homicide and and and and and all of the suicide and
Cemetery or crematory Fort Lincoln Cleaned	Where did injury occur? (City or rown) (County) (State)
1 I w. margar	Injured at home, tarm, industry, public place lingues word draware Russella
Location Control 1	Means of Injury Acceled Injured at work?
t8. Funeral director. Wan. Y. Malley	Mercuty medical Examina
Address 3200- P.J. ave, Mt. Barne	the state of the s
2/6 1/4 12 1	23. SIGNATURE. M. D. or oppr
19. (Date read by registrar) Registr	at Address F) grantalle had signed 3-3-48



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03051

# CERTIFICATE OF DEATH

Reg. Diat. No. 2 42

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County	(For newborn infants give residence of mether)
*City or town(If outside city or town limits, write RURAL and give nearest town)	Slate/ County June County June 1
How long in above place of death? 12	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street, address where digiti occorred:	Street No. 6 4 8 4 Walker mill (Coan
6484 Walker mill Coas	(If rural, give LOCATION)
How tong in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Jadhe	
4. Sax 5. Color or vace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mole white Widowed	20. DATE OF OFATH MARCH 12 1948 21 6 20 M
i'enion Radine	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(5) Nams of husband or wife	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) ( 18, 1902	Immediate cause of death
8. AGE: Years Months Days It less than one day	a cute congested heart
	Luline
9. 8irthplace Declar	and Delevin transacción
fown, county, and state)	
10. Usual occupation.	Due 10 Chronic alcoholising
11. Industry or business	
= 12 Name Olbert Cadthe	Diher conditions
12. Name Clert Cadthe	
E Color Otock	(Include pregnancy within 3 months of death)
14. Maiden name Alach Stock	Major findings of operations.
\$ 15. Birthplace	Oate of op
16. Informant Charles Addres	Antopsy results
Address & ) 60 (N) alker mill (d)	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Search Il rode	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, on removal, Which?)  Dale thereof (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory historial Church	Whera did injury occur?
+ osestville gred	injured at home, farm, Industry, public place (where?)
Location	Means of Injury - injured at work?
18. Funeral director	Alexant mederal Gamerer
Address 517 113 Street S. E.	9 / 3
m 1/12 1/9 (appir 7 (ample00)	23. SIGNATURE M. II.
(Date rec'd by registrar)	Address Date signed 3-13-48

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MAR 16 1948

BUREAU V. S.

# UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly

FOR BINDING

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# PLAINLY, WITH-UNF is especially important. ASEWRITE SA

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

03050

	Keg. Dist. (10
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Thomas Thomas	State Marylant County Dunce Surge
City or fown	000000000000000000000000000000000000000
iow long in above place of death? B) E All years	City or town
ammendale Normal Institute	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Bother General Conards (Martin	Ring) 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE DE DEATH. B 2 4 194 Sq al 5 50 4
S, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	9 2-3 1144 10 3 24 145
. Birth date of M. 1 5 C 1705	and that I last saw harman and that I last saw harman and the I last s
deceased (mo., day, yr.)  AGE: Years   Months   Days   If iess than one day	Immediate ceuso of death DURATION
65 11 30nrs. min.	the the land
Could H Centleman Caland	Due to Filestinal Hunorities 2 des
Birthplace (Town county, and state)	
D. Usual occupation	Due to Profile Williams 5 you
1. Industry or business	
12. Name Justiph King 13. Birtholace Kilkenni Ireland	Other conditions O Management of the Conditions
	(Indigate pregnancy within 3 months of death)
14. Maiden name Burnan  15. Birthplace Ballycense Suland	Major fiadiags of operations
15. Birthplace Ballycome Suland	Date of op.
6 Interment Bother James	Autopsy results
Address , ammendale, Mil	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Par - 29 110	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory Christian Brollins, amountab, po	Where did Injury occur?
Location	Injured at home, farm, industry, public place (where?)
B. Funeral director the Chambers Co,	Means of injury Injured at work?
Address 5801 Cleveland and Reverdale MS	B B.L. VO
m. Note of All	23. SIGNATURE M. D. or differ
9. MANCA 244 1943 ATAMA AMATA (Date rec'd by registrar) Registrar	Address Addres
(1)Mile Ice a by registrar)	ADDIESS

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MAR 26 1948

BUREAU V. S.

DURATION

MAR 9 1948
BUREAU V. S.

PLEASE WRITE

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## MARYLAND STATE DEPARTMENT OF HEALTH

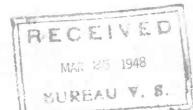
2411 N. Charles St., Baltimore

p 03053

# CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:  County.  City or fown	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Sex   5. Color or race   6.(a) Single, marked, widowed, or divorced	3. (b) Social Security Number  MEDICAL CERTIFICATION
mole white married	20. DATE OF DEATH March 20 19 48, 21 3 40 PM
8.(b) Namo of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day	Immediate cause of death
8. Birthplace	Due to milliple Crushing in the total
11. Industry or business terms ? Rowers	Duo 10
12. Name	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Arma Munch Cartly 15. Birthplace Washington	Major findings of operations.  Date of op.
Address 1029. Vernont Car huy, Wall	Autopay results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Cemotory or crematory	Where did Injury occur? Manual City or town)  (City or town)  (State)
Location	Injured at home, farm, Industry, public place (where?)  Means of Injured at work?  Injured at work?
Address 300 fth at Fy. Co.	23. SIGNATURE M. D. or other
(Date rec'd by registrar)  19 // Date and T. Hegistrar	Address + Reslowll red Date signed - 2, 40



2411 N. Charles St., Baltimore

1700

03054

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL PESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) It veteran, name war.
3. (a) FULL NAME Mary Unginia (C	you RTAN 3. (b) Social Security Number
7. Sex 5. Color or race 6.(a) Single, market didowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. March 28 1948 at 95 H
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dato of S. C. It alive, give age yeare	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If lese than one day	Nemanhare and short
3 V 9 0hrsmin.	
9. Birthplace	Due to Due to
11. Industry or business	
12. Name	Diher conditions Fractive of right family
14 Maiden name Clerabeth Oragory	(include pregnancy within 3 months of death)
14. Maiden name Clarabeth Degarage 15. 8irthplace Parkersburg WV	Major findings of operations.
El 15. Birthplace	Date of op.
16. Informant	Autopsy results
Address Cleveland Ohra.	
Burial Bate thereot 4/1/48	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremotion, or removal, Which?)  (Burial, eremotion, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory bathearal Com.	Where did injury occust (City or town) (County) (State)
Raltinure City.	Injured at home, tarm, Industry, public place (where?)
Location Day	Many officers and automorphist fork? her
18. Funeral director. C. Planner C. Lander C.	1000 0000000000000000000000000000000000
Address 4611 Tark Height - Balto-City	23. SIGNATURE
19. March 29.19 48 G. W. Helliech (Date rec'd by registrar)	Address Date signed Date signed Date signed

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and I MARGIN RESERVED FOR BINDING

PLEASE WRITE

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MAR 26 1948

BUREAU V 5

# CERTIFICATE OF DEATH

Rog. Diat. No.

1. PLACE OF DEATH:  County Prince Georges  City or town (If outside eity or town limits, write RURAL a  How long in above piece of deeth? 2 yrs., 11 mo  Hospital, institution, or street address where death occurred:  Clenn Dale Sanatorium  How long in hospital or institution? 2 yrs., 11 mos	and State  Siate  City or to  Streat No.	AL RESIDENCE (HOME) OF proceedings of many process of many pro	write RURAL and give nea	ireat town)
3. (a) FULL NAME Space San	Vis		3. (b) Social Security 578-03-2395	
4. Sex 5. Color or rece 6.(a) Single, merried Male Negro Marrie			RTIFICATION 3/18 1948	12 200
8.(b) Name of husband or wife Lacy Sarvis  7. Birth date of deceased (mo., day, yr.) June 2, 1902	give ageyeara ead thet i	TIFY that deeth occurred on the dete above 3/23 19.4	45 3/18 -	10.4.5 10.4.5
o. Adl.	then one dayhrsmin.	monary (utri	ww	3 yrs -
8. Birthplace	Bue to	ditions		
14. Malden name Rise Doro  15. Birthplace Conway, South Car	olina Major fia	(Include pregnancy within 3 mo	***************************************	
Addrasa  11. Reuseval (Burial, cremation, or removal, Which?)  Date thereof	3 19 48.  month) (day) (year)  PHYSICI  22. VIOI  Accident,	results	ch death should be charged es, fill in the following;	
Cometery or crematory  Location to Washington, D. C.  18. Funeral director U. Granset Occar  Address 432-9 aggs st  18. 3/19/48  18. Roewlaw	4	De al la	Injured et work?  Pinica  M. D.	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

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APR 1 1948

BUREAU V. B.

2411 N. Charles St., Battimore

# CERTIFICATE OF DEATH

03057

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Prince Jacque	MA DOWNER DEADER
City or town (Coderide city or town limits, write RUNAL and give nearest town	State County FAMYER GROWN
	City or town
How long in above place of death?	11 27,100 . 74 / 14
Prince Learne Learn 1640 (level	(If rural, give LOCATION)
How long in hospital or institution? D.O.A.	2.(a) It veteran, name war. NONE
3. (a) FULL NAME	3. (b) Social Security Number
ALVIN MARSHAL	L SAUL
4. Sex   5. Color or raca   6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE SINGLE	20. DATE OF DEATH March 13 10 48 21 2 AM 7
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above ataled; that I attended deceased from
	11 Jan 1948, 10 12 mary 1948
7. Birth date of 7. Bir	and that I last saw h to alive on
deceased (mo., day, yr.) / Leb . 10, 1932	Immediate cause of death acute Implantation DURATION
8. AGE: Years Months Daya If less than one day	E consustive Fallone 2 days
/6hrsmin.	
Washington DC.	min to pelepson Grand Mal 4 gur.
9. Birthplace	018 10-
10. Usual occupation Student	
	Due to
11. Industry or business	Volimmelitis Colones 4 ho
12. Name Chapley allers Saul	Other conditions
13. Birthplace Wash & C.	(Include prognancy within 3 months of death)
14. Malden name. Soldie Marshall  15. Birthplace	Major fiadiugs of uperations
5 15 Rirthplace 2/a - a	
Clarke land	Date of op.
18. Informant	Autopsy results
Address 5/18 Grittenden St Hystbrille)	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17 Burial Date thereot 3 - 16 - 1948	
(Burlai, cremation, or removal. Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Whera did injury occur?
Location Eastern Quet Boto Bud Washing	Injured at home, tarm, industry, public place (where?)
21/21/21/21	Meana of Injury
18. Funeral director.	1 ()// / /
Address 5801 Cleveland ave Riverdale	Vanent Domich
3/14 (10 (1) - 1 ) m	23. SIGNATURE M. D. or others
(Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	Address 208 Md architage signed 13 man 4)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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Seath reported & lorone (D. Gol) who approved rigning dustificate

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VS

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM NO. G 114 MA	IK	19	1948
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# CERTIFICATE OF DEATH

03058 Rog. Dist. No. 231

1. PLACE OF DEATH:  County Fine George's  City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  Prince George's Geogeral Hospital  How long in hospital or institution?  3. (a) FULL NAME  Marci Loretta Saurie:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Mary and County  City or town Office on the city or town limits, write RURAL and give nesreat town)  Street No. 4.7.2.4.4.5.2.4.0.2. (If rursl, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex / 5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female w. Married	20. DATE OF DEATH. March 2 1942 21 4 P. M
6.(6) Name of husband or wife Nelson J. Saunier	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  June 19, 1899	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
48. H9 8 13hrsmln.	mit metastaces / yn +
9. Birthpiace	Due to
10. Usual occupation House wife	Due to.
11. industry or business  12. Name Jahrek Brenan  13. Birthplace England	Dither conditions
14. Maiden name Mary Mulvay  15. Birthplace  Mass.	Major findings of operations.
15. Birthplace Mass.	Date of op.
16. Informant thisband	Antopsy results.
Address 4872 Russell ave. avondales ml.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal. Phich?) Sate thereof. Mar. 2 /948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory. St. Using Chade Soland Traindence	Where did Injury occur? (City or town) (County) (State)
Location Alexander State of Alexander	Means of Injury tnjured at work?
Address Washington D.C.	Juni h Francusen had
19. 3/2 19.48 Amande Downe, Registral	23. SIGNATURE  M. D. of other  Address Mr. Rainer Md Bate signed 3-2-48

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MAR 5 1948

BUREAU V. S.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03059 Reg. Dist. No.....

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Six el Jeanges  City or town (17 outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, lostitution, or street address where death occurred:  Leland Management Hospital  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town (If outside city or town limita, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number	·····
4. Sex   5. Cotor or race   \( \delta \). (a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
m w married	200001/12 2 113	d
6.(b) Name of husband or wife 2005 anna 6. Shank  5.(c) If allve, give age 6.3 years deceased (mo., day, yr.)  Jan. 28-1885	21. I CERTIFY that death occurred on the date above stated; that I mended deceased from	8 8
8. AGE: Years Months Days If less than one day 6 3   24	Ovebral Velumbage 24h	~
9. Birthpiace	Due to. Alexon Cleat Least 243.  Due to.	:+
11. Industry or business    X   Name   Shenk     X   13. Birthplace   Var	Other conditions	
14. Maiden name Florence Johnson  15. Birthplace  16. Informant Mas Lewa Hama (Laughter)  Address 2 6 Kennedy St. N. 6	Major findings of operations  Date of operations  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 2 6 Remedy Washington 17.  (Burial, cremation, or removal, Which?)  Cemetery or crematory North on all lafutal	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
t8. Funeral director. J. Canadal St. T. W. D.C.	Injured at home, farm, Industry, public place (where?)	1
19. March 23 19 48 Mrs. Jas Severel (Date rec'd by registrar)	23. SIGNATURE SV. G. Robby M. D. of other Address 4404 Queenby Rd. Robby Date signed 3-23-9	48

MAR 24 1948 BUREAU V. S.

WRITE

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

100 11311

# CERTIFICATE OF DEATH

(13(16()) Reg. Dist. No. 2012

				Rog. Dist. No	*********************
1. PLACE OF DEA	ATH: Geor	ges County	2. USUAL RESIDENCE (HOME) O	mother)	
	of death?street address where		State State County Prince George County City or town Seabrook Md (If outside city or town limits, write RURAL and give nearest tow Street No. (If rural, give LOCATION)		arest town)
			2.(a) it veteran, name war		
3. (a) FULL NAME Richard Henry Steele			3. (b) Social Security 218-20-106		
male	5. Color or race white	6.(a)Single, married, widowed, or divorced  married		ertification, 48	1;30 A
		ry Steele  5.(c) If alive, give age years , 1910.	21. I CERTIFY that death occurred on the dats abo  19.  and that I last saw h. M. Alive an M.  Immediate cause of death. Chloma	ovs stated; that I attended dece 4 10 Mov. anch 15 L	2 Seed trom 2 S 19 4 S
8. AGE: Years 38	Months	Days If less than one day	Immediate cause of death		DURATION 1 1/2 Yes
9. Birthplace	, (Town,	county, and state)	Due to.		
11. Industry or business	Seabro	ok Md	Due to		
12. Name Mai		ele	Other conditions		***************************************
14. Maiden name	Maryla Linda A: Maryla	ringdale	(Include pregnancy within 8 m	no Bram	
16. Informant			Autopsy results	Date of op	
	abrook I		PHYSICIAN: Please noderline the cause to whi	ich death should be charged	statistically.
		Date thereof. March 18, 194 (month) (day) (year)	Accident, suicide, or homicide	Date of	
		Ington U. C.	Injured at home, farm, industry, public place (who	ere?)	
18. Funeral director		h's Sons	Misens of injury	Injured at work?	7
Address		rille Md.	23, SIGNATURE Day For E	2 wasking	-md
19.3-15	1948	Mrs Jack Comett	e 5306 annap	olis Rd M.D.	or other



03061

	CERTIFICA	TE OF DEATH	Reg. Dist. No. 242
1. PLACE OF DEATH: County		2. USUAL RESIDENCE (HOME) OF DE (For newborn infants give residence of mother  State County C	er Gn. Seo  Md.  te RURAL and give nearest town)  ATION)
3. (a) FULL NAME Cinna M	lae St	tokes	(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married,  Demale While MA	widowed, or divorced	MEDICAL CERT 20. DATE OF DEATH March 14	IFICATION 19.48 91.5:15A
6.(6) Name of husband or wife William B  7. Birlh date of deceased (mo., day, yr.) San 24 190°		21. I CERTIFY that death occurred so the date above eta	led; that Lattended deceased from 10
8. AGE: Yeare Wonlhe Daye It less	e than ooe dayhrs. mln	Car arac de comp	eno etain 12 lum
9. Birthplace Washington D.  (Town, Sunty, and state)  10. Usual occupation Houseway  11. todustry or business  12. Name Clarence Henry		Due to	
E 13. Birthplace maryland &	9	(Include pregnancy within 3 month	
18. Informant Wm B Stokes	loed ma	Autopsy results. Callison D PHYSICIAN: Pfease underline the cause to which d	lisease
17. Buriel Bafe thereof Mag (Buriel, cremation, or removal, Which?)	1/ 10115	22. VfOLENCE: If death was due to external causes, f  Accident, suicide, or homicide	Dale of
Location Sutland md.  19. Funeral director W. W. Shawler	o Qo .	(City or town)  Injured at home, farm, industry, public place (where?)  Meene of injury	
Address 517-114 St. SE.	F. Cambbell	23. SIGNATURE W. Suil- 5	Patchee M. D. or other Date signed Machin 194

(1) MARGIN RESERVED FOR BINDING

A15 NS

This is a toutation Certificati gending De Boyd Pr. Des Co Corner las given permission to remove hody to funerae director for autofry WS Palche

. We howe red upo hay an aupograves parlower of what wors the Moult so

March 14, 1948 "This is the report from the doctors on the autopsy. Cardiac decomperesation - Heart failure due to addison's Diease / year? AA? mis C. Campbell

2411 N. Charles St., Baltimore

03062

23. SIGNATURE.

CERTIFICAT	E OF DEATH
1. PLACE OF DEATH:  County  City or town A control of the city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  ### A Julian Street Address where death occurred:  ###################################	2. USUAL RESIDENCE (HOME) OF DECE. (For newborn infants give residence of mother)  State
Lewis Henry Thomas	5.(0
4. Sex 5. Color or race 6 6 5 Single, married, widowed, or divorced make While Married Wife line	MEDICAL CERTIF  920. DATE OF DEATH
6.(b) Name of husband or wife Standard Lawren Hollo Shomes  Wife Standard Lawrence Country  Birth date of deceased (mo., day, yr.) June 18 18 66  8. AGE: Years Months Days If less than one day  8. Birthplace Saither Manyland  (Town, county, and state)	21. I CERTIFY that death occurred on the date above stated;  Moy  and that I lost saw h alive on
10. Usual occupation. Returned Rankows Man - B & O.  11. Industry or business  12. Name for nathan & Ilomes  13. Birthplace 704 known	Due to
14. Maiden name Reserve ann Hatfield Thomas  15. 8irthplace nof known	(Include pregnancy within 3 months of
16. Informant Mark S. Jhamas Som S. Address 5 5 0 8 B merson Sh. Hyatts wille  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory Spring G find a Court	Antopsy results
18. Funeral director Charles Gler	means or injury

Reg. Diat. No.

ASED: URAL and give nearest town) ON) Social Security Number ICATION DURATION death) should be charged statistically the following: Date of .... (County) Injured at work?

WRITE PLAINL is especia

PLEASE

(Date rec'd by registrar)

Supply every item of information carefully ease write the causes of death clearly and

RESERVED FOR BINDING

MARGIN

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MAR 16 1948 BUREAU V. S.

03063

#### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) item of information carefully causes of death clearly and How long in above place of death?. Hospital, institution, or street address where death occurred: How long in hospital or institution?. 2.(a) || veleran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 216-05-2000 MEDICAL CERTIFICATION BINDING 19.48 11 4,394 W 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 7. Birth date of deceased (mo., day, yr.) **OURATION** If less than one day 8. AGE: Years RESERVED (Town, county, and atate) 10. Usual occupation MARGIN 11. Industry or business (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: Il death was due to external causes, Illi in the following: Accident, suicide, or homicide..... Where did Injury occur? ...... (City or town) (County) Injured at home, tarm, Industry, public place (where?) ...... Injured at work? Maens of Injury

(Date rec'd by registrar)

MAR 26 1948
BUREAU Y. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Prince Georges  City or town Glenn Dale, Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 23 days.  Hospital, institution, or street address where death occurred:  Glenn Dale Sanatorium  How long in hospital or institution? 23 days.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
I HILIP IT. ) W	YMAN 577-22-4546
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male Negro Separated	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  19.45.21.6.45.27.
6.(b) Name of husband or wife. Geneva Twyman  6.(c) If alive, give age. 38  7. Birth date of deceased (mo., day, yr.) September 30, 1904	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  L. 12, 19, 45, to
8. AGE: Years   Months   Days   It less than one day	Pulnonary Tuberenlosis - 4 ma
9. Birthplace Madison, Virginia (Town, county, and state)  10. Usual occupation.  11. industry or business	Due to
12. Name Ambrose Twyman  13. Birthplace Madison, Virginia	Other conditions
14. Malden name Lola Ridgett  15. Birthplace Madison, Virginia	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Deceased	Autopsy results PHYSICIAN: Pfease underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal, Which?)  Cemetery or crematory	22. VIOLENCE: If death was due to external causes, till in the following:  Accidenf, suicide, or homicide
Location Washington D. C.	Injured at home, farm, Industry, public place (where?)
18. Funeral director  Address 424 R. St., N.W., Washington D.C.  19. 3-8 19 /8 Rowland S. Philips  (Date rec'd by registrar)  Registrar	23. SIGNATURE & - aniel Leo Finicano M.D. or other  Address Sleny Dale, Md. Date signed 31.7/48



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

03065

		CERTIFICAT	E OF DEATH	Reg. Diat. No. 20		
1. PLACE OF DI	Prince	Georges	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	f mother)		
City or town. (If	eltsville	Maryland its, write RURAL and give nearest town) CATS		Stat Maryland County Prince Georges  City or town. Beltsville Md.  (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, o	or street address where do		Streat No			
	or Institution?		2.(a) If veteran, nama war			
3. (a) FULL NAM			La contract of the contract of	3. (b) Social Security Number		
		chael Ulle		none		
4, Sex	5. Color or raca	6.(a)Single, married, widowed, or divorcad	MEDICAL C	CERTIFICATION		
male	white	widowed	20. DATE OF DEATH.	L 16 19 48 at 9-A		
7. Birth date of	***************************************	#. Baker Ulle	21. I CERTIFY that death occurred on the date a	)		
8. AGE: Yaa		Days   If lass than one day	Immediate cause of death	DURATION		
o. Man.		hrs. min.	acre con			
91 ye			facture	0		
9. Birtholaco		ille Md.	Due to.	la lengt		
	Bontanod	store owner	de s			
10. Usual occupation	L		Due to			
12. Name	Unknow	n	Dther conditions			
13. Birthplace	German	ny				
E.	Unknow	ngton U. C.	(Include pregnancy within	8 months of death)		
14. Maiden nam	euanon.		Major findings of operations			
E 15. Birthplace	wasni	ngton D. C.				
16. Informant Ed	mund L. B	rowning Jr	Autopsy results	1.1.1. d. B. H. L. L. Armed deticles		
Address 522	7 43 st N	W Washington D. C.				
			22. VIOLENCE: If daath was due to external c			
(Burial, crematic	al on, or removal. Which?)	Date IhareofMar. 19 194.	Accident, suicida, or homicide,			
Cemetery or crema	ot on	n's Cemetery	Whera did injury occur?(City or town	) (County) (State)		
	Beltsvi	lle maryland	Injured at home, farm, Industry, public place			
Location	h Goo	••••••••••••••••••••• <del>••••••••••••••••</del>	Maana of Injury	injured at work?		
18. Funeral director.		ch's Sons	perputy med	heal Chamen		
Addrass	пуа	ttsville maryland.	22 CLONATURE OF THE STATE OF TH	9 ( Sand		
19. March	19 th 8 registration 19 48	John D Smith	23. SIGNATURE	M. Deprotes		

BINDING FOR RESERVED MARGIN information carefully. The of death clearly and legibly

Supply every item of ease write the causes

WITH UNFADING INK.

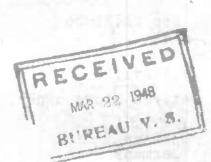
PLAINLY, vis especially

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2411 N. Charles St., Baltimore

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CERTIFIC	CATE OF DEATH Reg. Dist. No. 230
1. PLACE OF DEATH:  County  City brown a (if outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution of street address where death occurred;  How long in hospital of institution?  How long in hospital of institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants any eresidence of mother)  State  Couply  City or town  (If outside city or town limits write RURAL and give nearest town)  Street No.  (If rural_give LOCATION)  2.(a) It veteran, name war.
	Clrich ' 3. (b) Social Security Number
4. Sex 5. Color of the Galsingle, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH  20. DATE DF DEATH  21. 1030
6(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I applied degree ased from 19.4 7 10 19.4 9
7. Birth dale of deceased (mo., day, yr.) Sept 22 /85/  8. AGE: Years Months Days If less than one day	and that I last saw h all alive on 19 4 19 4 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birthplace	Due to.
12. Name	Other conditions
14. Maiden name Growthy Ward.  15. Birthplace Gurnay:  16. Informant houth form Rust Stang Recon  Address - Hadlborell, huch	Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burnel 12 (Burnel, cremation, or pergoval, Which?)  Cametery or crematory Ass Hill Cerection	22. VIOLENCE: If death as due to external causes, till in the tollowing;  Accident, suicide, or homicide
Location Asgerstown Del	(City or town) (County) (State)  Injured al home, farm, industry, public place (where?)  Means of injury  Injured at work?
Address V54 Carull Dl. NW Jakoma Park, D. C.  19 Mirch 9th 18 48 John D. Smith (Date ree'd by registrar) (Date ree'd by registrar)	23. SIGNATURE TOWARD / None  Stander are Address. Takana Pake In Date signed 3/9/48

FOR BINDING

RESTRVED

MARGIN

WRITE

MAR 12 1948

BUREAU V. S.

#### CEDTICICATE OF DEATH

CERTIFICAL	E OF DEATH Reg. Diat. No. 25		
1. PLACE OF DEATH:  County Prince George's  City or town Landover  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Transient  Hospital, institution, or street address where death occurred:  On entrance to Prince George's  How long in hospital or institution? Country Club.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)  Stata Unknown  City or town Unknown  (If outside city or town limits, write RURAL and give nearest town)  Sireat No. Unknown  (If rural, give LOCATION)  2.(a) If veteran, nama war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Unknown			
4. Sax 5. Color or raca 6.(a) Singia, marriad, widowed, or divorced  Male Colored Unknown	MEDICAL CERTIFICATION  20. DATE OF DEATH. March 5 18 48 31 7:304		
6.(b) Name of husband or wife	21. I CERTIFY that daath occurred on tha date above stated; that I attended deceased from		
deceasad (mo., day, yr.) Unknown	Immediate cause ol death		
8. AGE: Yaars Months Days It less than ona day	Alcoholism		
9. Birthplace	Due to. Exposure to cold Due to.		
12. Nama U  13. Birthplaca N  14. Maiden name K  15. Birthplace NOWN	blood alcohol 300 mgms. temperature that n'inchitre about 20 degrees. Clothing		
16, InformantNon.e	Antopsy results		
Address  17. Burial, cremation, or removal, Whileh?)  Cemetery or crematory  Location  Black  18. Funaral director. A. Dancho  19. Funaral director. A. Dancho	22. VIOLENCE: If death was due to axternal causes, till in the following:  Accident, suicide, or homicide, Accident Date of 3/5/48  Where did injury occurLandover P. G. Md.  (City or town) (County) (State)  Injured at home, farm, industry, public place (whare?) Road  Means of injurySlept out in colfijurad at work?		
Address Hyattimble Ind.	Deputy Medical Examiner  23. SIGNATURE  Forestville, Md.  Date signad  Date signad		

PESARVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibles.

MARGIN

WRITE

PLEASE

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MAR 12 1948
BUREAU V. S.

2411 N. Charles St., Baftimore

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# CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Prince George's Brentwood City or town Brentwood (If outside city or town limits, write RURAL and give nearest town)			2. USUAL RESIDEN (For newborn info				
			N		ty		
				City or town(IK outs	side city or town limits,	write RURAL and give	nearest town)
Hospital, institution, o	e of death? The	death occurred		Street No	N		
Upshu	ir Street	and	hode Island Av	•	O (Mruraly give I	LOCATION)	
How long in hospital o	or institution?		***************************************	2.(a) If veteran, name wa	ſ	••••••••••••••••••••••••••••••	
3. (a) FULL NAM						3. (b) Social Securi	ty Number
	Unkno	own			10000	,	
4. Sex	5. Color or race		e, married, widowed, or divorced		MEDICAL CE	RTIFICATION	
Male	Colored	Si	ingle	20. DATE DF DEATH	March	29 1948	2:30
6.(b) Name of husbans	d or wife			21. I CERTIFY that death	occurred on the date abov	e stated; that f attended d	eceased from
		6.(	e) If alive, give ageyears	~~ ~ ~~	19	to	19
7. Birth date of deceased (mo., day,		/48		and that f last saw h			19
8. AGE: Year		Days	If less than one day	Hemorrh		202	DURATION
		1	hrsmln.	TIGHOT I II	age and s	1000	
9. Birthplace	None	county, and	state)	Due to. Untied	d umbilic	al cord	
11. Industry or busine					*****		
12. Name	Jnkown Unknown		*	Other conditions			
	Unknow			(Include	e pregnancy within 3 m		
≥ 15. Birthplace	Unknow	n .				Date of op	
16. Informant	None	А		Antopsy results		ich death should be charg	red 'statistically.'
Address (Burial, crematio	on, or removal. Which?	Date ther	May 31, 1948 eol	Where did Injury occur?	Unknown (City or town)	de Date of	(State)
Location	stage	nel	ung ond		dustry, public place (wh	ere?)Unkno	.W.L
18. Funeral director.	Z/	Jas	he sons	Means of injury		Injured at work?	\
Address	Tyall	sol	le Ind,	Deputy 1	Medical E	xyminer \	N
19. March	(2) 19 4 8	mrs	Jas Squeel	Address Foyes	trille, M	d. Date sign	3/30/48

MARGIN RESERVED FOR BINDING

9-45-15M

PLEASE WRITE

/S A15

APR 1 1948

RUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

770

03069

#### CERTIFICATE OF DEATH

eg. Dist. No. 245

1. PLACE OF DEATH: Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town .Nor.th Br.en.twood	State Maryland County Prince George's City or town North Brentwood		
Now long in above place of death? Transient	(If outside city or town limits, write RURAL and give nearest town)		
Nospital, Institution, or street address where death occurred:	Street No. 4011 Allison Street		
4004 Allison Street	(If rural, give LOCATION)		
Now long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
John Humphrey Vaden			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Married	20. DATE OF DEATH March 1 ,9 48 ,10:154		
6.(b) Name of husband or wife Susan Vaden	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
20	19		
7. Birth date of	and that I last saw h alive on 19		
deceased (mo., day August 13, 1910	Immediats cause of death DURATION		
8. AGE: Years Months Days It less than one day	Acute congestive heart failure		
	Bue in Acute alcoholism		
9. Birthplace Maryland (Town, county, and attate)	Due to. ACC CC		
Laborer			
10. Usual occupation	Due to		
11. Industry or business			
Frank Henry Vaden  13. Birtholace North Carolina	Dther conditions		
3. Birthplace North Carolina			
14. Maiden name Lillie Watson  15. Birtholace Virginia	(Include pregnancy within 3 months of death)		
17,	Major findings of operations		
	Date of op.		
16. Informant Lillie Vaden	PHYSICIAN: Please underline the cause to which death should he charged statistically.		
Address 4544 R. I. Ave. Brentwood, Md.			
R1 1 3-1-48	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or ramoval, Which)  Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory & Turer Tuneral Home	Where did Injury occur?		
11/2/2 200	Injured at home, farm, Industry, public place (where?)		
Location Dashing Control Location	Means of Injury Injured at work?		
18. Funeral director dascks cons			
Address Hy attsville, md.	Deputy Medical Examiner		
march 1 as laws Sever	23. SIGNATURE		
Grach 1 1948 James Serry Registrar	Address Porestville, Md Date signed		

MAR 3 1948

BUREAU V. S.

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UNFADING INFant. Physicians:

important.

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

330

(3(171) Reg. Diat. No. 23/

2. USUAI, RESIDENCE (HOME) OF DECEASED:  (For newborn injohts giveresidence of mother)  Stat Many County  City or town  (If outside city or town limits, write RURAL and give many town)  Street No. (If rural, give LOCATION)  2.(a) It veteran, name war.
3. (b) Social Security Number
MEDICAL CERTIFICATION  20. DATE OF DEATH March 9 19 48 21 7 25
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  3 - 9 19 45  and that I last saw h alive on 3 - 8 19 46  Immediate ruse of death OURATION  Due to Act of the conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide

MAR 12 1948

BUREAU V S

WRITE

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item of information carefully. The corresponds of death clearly and legibly.	1	Z
NDING  item of information carefully.		The co
NDING item of information causes of death cle		carefully.
NDING item of i		information of death cle
NDII item	5	of i
	NO	item

#### Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH age shown on: 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) 1. PLACE OF DEATH: Prince Georges State Maryland County Prince Georges University Park Md (If outside city or town limits, write RURAL and give nearest town) University Park (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 20 years Hospilal, Institution, or street address where death occurred: 4407 Sheridan Street. (If rurat, give LOCATION) How long in hospital or Institution?.... 3. (a) FULL NAME 3. (b) Social Security Number Georgia Netre wells 6.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION 4. Sex march 26, 1948 female white married 6,(b) Name of husband or wife Alfred Hyatt Wells 7. Rirth date of April deceased (mo., day, yr.) 8. AGE: Years If less than one day -659 Baltimore Md. (Town, county, and state) Housewife 10. Usual occupation .... 11. Industry or business 12, Name John W. Netre

France 14. Malden nat Waldman 14. Malden name..... Unknown Alfred Wells

University Park Md. Burial
(Burial, cremation, or removal, Which?) Date thereof Mar 29 1948 Cemetery or crematory Ft Lincoln Cemetery

washington D. C.

18. Funeral director F. Gasch's Sons

Hyattsville Maryland

(Date rec'd by registrar)

(Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur? .....(City or town) Injured at home, farm, Industry, public place (where?) ..... Injured at work? Means of Injury



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

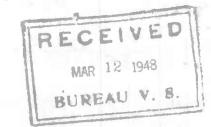
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## CERTIFICATE OF DEATH

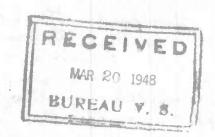
Reg. Dist. No. 23/

How long in above place of d Hospital, institution, or stre	George  George  de city or town list leath? let address where to  George	mits, write li death occurre S HOS	d: pital	State Maryland Co City or town Cottage Ci (If outside city or town limit Street No. 3705 40th Plac (If rurat, give	mother) unty Prince Ge t y s, write RURAL and give	
3. (a) FULL NAME		Ar	thur T. Whalen		3. (b) Social Secur	ity Number
4. Sex 5.	Cotor or race White		le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	8 16 A.
6.(6) Name of husband or w  7. Birth date of deceased (mo., day, yr.)		Whal	(c) if alive, give age 5.9years	21. I CERTIFY that death occurred on the date ab 29 19	ove stated; that I attended to 48, to March	deceased from 8 19 4 8
8. AGE: Years 59	Months 10	Days 8	If less than one dayhrsmin.	Carcinoma of	•••••	
9. Birthplace	Carpent	er:	lary land	Due to	<b>20</b> 505	). / / - ·
13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  Address 370 5	anna	my.	Grilds aryland	(Include pregnancy within 3  Major findings of operations.  Autopsy results. PHYSICIAN: Please underline the cause to w	hich death should be char	
Burial (Burial, cremation, or Cemetery or crematory Location	removal Which?) St. M	Date the	March 11, /19 (month) (day) (year) Cemetery D.C.	Accident, suicide, or homicide	(County)	(State)
.1 /			grainier, Md.	23. SIGNATUR Charles C.	*Jageage	M. Z. D. or other, and 3/9/48



#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County TRINCE (ILoutside city or town limits, write-RURAL and give nearest town) information carefull of death clearly and How long in above place of death?... Hospital, institution, or street address where death occurred: Mr rural, give LOCATION) How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above glated: that I attended deceased from Supply e deceased (mo., day, yr.) If less than one day 8. AGE: RESERVED d 10. Usual occupation. important. 13. Birthptace (Include pregnancy within 3 months of death) Major findings of operations..... especially PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide..... Where did Injury occur? ...... (City or town) injured at home farm, industry, public place (where?) ..... injured at work? Means of injury Address

(Date red d by registrar)



Aid His dralli o in K. G's. An 2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH,	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infapts give residence of mother)
City or town to 407 Sleep Dark West free and Marine	State State County As County
(If outside city or fown limits, write RURAL and give nearest town)  How long in above place of death?	City or town (If outside city or to we smite, write RUEAL and two hearest town)
liospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)  2.(a) It yeteran, name war.
How long in hospital or institution?	3.(b) Social Security Number
Charle Minth	
4. Sex 5. Color or pace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH Mar 15 19 48 21 9 A
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
S.(c) If all ve, give age	years 19.47 to 5.19.49
deceased (mo., day, yr.) March 10 -1874	and that I fast saw h
3. AGE: Years   Months   Bays   If less than one day	Immediate cause of death throubous 2 week
72005 mins	. min.
8 Sirthplace (Town, county, and state)	Due to Generalized Circuioselesses 3 y/s
1B. Usual occupation.	
1. Industry or business	Due to
	Other conditions
12. Name 1 Carrier W. M. J. Manager 13. Birthplace Lande Del 7 a	(Include pregnancy within 3 months of death)
14. Maiden name 2 11 12 12 12 12 12 12 12 12 12 12 12 1	Major findings of operations.
15. Birthplass or oling CG of	Date of op.
18 Informant Larran Va Maghetaran	Autopsy results
Hours le 4 & 7 Olige Dank Way 144	22. VIOLENCE: If death was due to external causes, fill in the following:
Busine Date thereof 18 18-19	Pate of
(Burial, eremation, or removal, Which?) (month) (day) (year	Where did injury occur?
THE THE SAC A TO A TO STATE OF THE SAC AS A SAC	Injured at home, tarm, industry, public place (where?)
Location A Carlo Bank	Means of Injury tnjured at work?
18. Funeral director	P VIP
Address of Address of the G	23. SIGNATURE MESS A ALL M. D. or other
19. (Date ree'd by registrer) 19.48 MA TANK DEATH	istrar Address 701 Monroe 18 1E Date signed 3-15-4
Authority and a	Wash 17 D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore

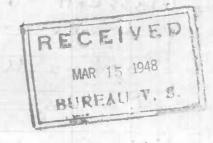
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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE

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CERTIFICATE OF DEATH  Reg. Diat. No. 242		
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give residence of mother)  Slale Mar land County Prince George  City or town (If outside city or town limits, write RORAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If releran, name war.	
3.(a) FULL NAME William Wilcher.	3. (b) Social Security Number	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M C Widowed	20. DATE OF DEATH March 10 1948, et Z PAIN	
8.(b) Hame of husband or wife Sall Wilch 27  8.(c) If alive, give age yeare  7. Birth date of deceased (mo., day, yr.) \$ 2   16   6 8	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  F & D & 7 19 4.8 to Mark of 19 4.8  and that I last saw h. 1. Malive on Mark of 19 4.8  Immediate cause of death DURATION	
79 7 8hrsmin.	Hypostatic Insumonia IWK	
9. Birthplace Glass Cott Georgia (Town, county, and state)	Due to Cerebral Throm 60315 3 wh	
10. Usual occupation. Laborer	Due to Atteriosclerosis ?	
11. Industry or business    12. Name	Diher conditions	
	(Include pregnancy within 3 months of death)	
14. Malden name. Handward 15. Birthplace	Major fiadiugs of operations.	
16 Informant Mrs, Sarah Hill	Autopsy results.	
Address 6300-14,51	PHYSICIAN: Please anderline the cause to which death should be charged statistically.	
Remoral Bois thereof Max. 10-1948.	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicido, or hemicide	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Where did Injury occur? (City or town) (County) (State)	
Cemetery or crematory	(City or town) (County) (State)	
Location	Means of injury injured at work?	
18. Funeral director. State of the state of	mean of many	
Address 1322 you st. nw.	23. SIDNATURE H. E. Beldes M. D. or other	
19. mar / D 19 48 Carry F. Lamphell Registrar	Addressby 23- Hunt Pl No Engred 3-1048	



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2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Dist. No. 2 40

Reg. Dist. No.	
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infinite give residence of mother)  State.  County  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME Orene Windson	3. (b) Social Security Number
4. Sex  5. Color or race  6.(a) Single, married, widowad, or divorced  Whith Married.	MEDICAL CERTIFICATION  20. DATE DF DEATH March 13 1948, 21 920 P
8. (b) Name of husband or wife Villain During Street To yea  1. Birth date of deceased (mo., day, yr.) Lee 19 r 1866  8. AGE: Years Months Days If less that one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
9. Birthplace	
11. Industry or Business  12. Name	Other conditions
16. Informant William E. Wundsow.  Address Cluby Veg.	Actopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Rurial, cremation, or removal, Which?)  Cemetery or cremitory  Cemetery or cremitory  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location  18. Funeral director Hunth Hungh Address Waldery Ma	Injured at home, farm, Industry, public place (where?)  Means of Injury  This public place (where?)  This public place (where?)
19. Meh 22 19 8 F H. Belleugsell (Date rec'd by registrar) Registra	M. V. or other

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibl

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH Reg. Diat. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) write RURAL and give nearest town) (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorcer 20. DATE DE\_DEATH. 21. I CERTIFY that death occurred on the date above stated; 6.(c) If alive, give age .. 7. Birth date of deceased (mo., day, yr.) tf less than one day 8. AGE: 9. Birthplace .. own (county, and state) 10. Usual occupation 11. Industry or business (Include pregnancy within 3 months of death) 14. Maiden name Major findings of operations ... 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide..... (vear) Where did Injury occur? ...... (City or town) (County) Injured at home, farm, Industry, public place (where?) Means of Injury Injered at work? 23. SIGNATURE

MAR 5 1948 BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

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eg. Dist. No. 239

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For permoorn infants give residence of mother)
County.  City or town.	State hung found county One burger
Cily or town	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	214 talkot and
8/4 July are	Street No. (If rural, gireTOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. And how If
3. (a) FULL NAME	3. (b) Social Security Number
4. Saan   5. Color or race   6.(a) Single married, widowed, or divorced	627-22-7362
That Black Single	MEDICAL CERTIFICATION  20. DATE OF DEATH. Travel 2 130P. N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 10 19 14 C
7. Birth date of deceased (mo., day, yr.) April 4,1961	and that I last saw barriage on 19.7.7.  Immediatercause of death OURATION
8. AGE: Years Months Days If less than one day	Immediaty cause of death Preumonia / day
36, 1) 18hrsmin.	
9. Birthplace James Once Groups has The	Due to.
10. Usual occupation. Thorr	Due to.
11. Industry or business, agreement Huft.	
12. Name Hrank briefly  13. Birthplace France	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Clair furtest	Major findings of operations.
2 15. Birtholace Howard ler. had	Date of op.
16. Interment Henry E. Munters	Antopsy results
Address 8/4 Latter Over, There Mid	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof, Man. 25 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory ashury	Where did injury occur?
Location Mean Sange sol	Injured at home, farm, Industry, pub <sup>11</sup> c place (where?)
18. Funeral director Ridgla Relly	Meens of Injury Injured at work?
Address 401 Wast he Lawel med	D1. + 129 20
2 211 is Dan & Mark	23. SIGNATURE M. D. of other
(Date rec'd by registrar)	Address Date signed 12-148

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

Reg. Dist. No. 2 40

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Trusce Gangos	(For newborn infants give residence of mother)
City or town Flance Park	Slate manufactured County Trues Glanger
City or town (if outside city or town limits, write RURAL and give nearest town)	City or town 7 Danse Park
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, institution, or street address when death occurred:	Street No.
Place Park Personation Vood	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	
S.(6) Total Mail	3. (b) Social Security Number
4. Sex   5. Cofor or/race   8.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
mole Colved morried	20. DATE OF DEATH. 20 1 19 4 8 21 / 0 00
£ 1 +/ ()	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceesed from
(6/c) If alive, give age 0 2 8 years	19
I J. Birth date of	and that I last saw halive on
accesses (med any the	Immediate cause of death
8. AGE: Years Months Days If less than one day	acet consestive hears
35min.	
Va a. la	
9. Birthplace	Due to
7	Our Contract of the Contract o
10. Usual occupation	Due to
11, Industry or business	-
12. Name Soley Young	Other conditions
12. Name	
	(Include pregnancy within 8 months of death)
14. Maiden name age and a language a	Major findings of operations.
15. Birthplace	- Date of op.
90 4 0	
16. Intermant	Autopsy results
Address tlanslitaring has	
(Rurial cremation or removal Which?)  (Rurial cremation or removal Which?)  (Rurial cremation or removal Which?)	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
100000000000000000000000000000000000000	
Location J. 18. Rush Brukgwine ms	Injured at home, farm, Industry, public place (where?)
18. Funeral director Admit & Russia	Means of Injury Injured at work?
11. 11. 1 3. 3. 3. 6. 1	leputy medical com
Address Walder MA	23. SIGNATURE CONTRACTOR STATES
13-22 W/1. J. /Koa 208	M.D. postber
(Date rec'd by registrar)	Address transferly wed Date signed 21-40

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